

EDWIN CANTLON: A SURGEON COWBOY RIDES DOWN MEMORY LANE

Interviewee: Edwin Cantlon

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Description

This oral history of Dr. Edwin Cantlon encompasses the life of a fascinating individual, who in his eighty plus years has experienced enormous changes in the social and economic structure of Nevada and the United States, as well as in the essential practice of medicine.

Dr. Cantlon grew up in western Nevada during the early days of the twentieth century, embracing the cowboy way of life, which, after his family, was his first love. Ed's formal education was in the Sparks public schools, followed by the University of Nevada, where he served as student body president during his senior year. His professional training followed in the superb medical and surgical programs at Harvard, where he studied for ten years with many of the world's leading scholars and teachers.

Upon completing his years of residency Dr. Cantlon entered the United States Army, serving for four years as a military surgeon. This experience in the cauldron of World War II helped him to hone and refine his already notable surgical skills. Countless wounded soldiers in North Africa, Italy and France survived their injuries because of his remarkable competence and dedication.

After the war, Dr. Cantlon returned to a different, but demanding, practice in Reno, where he associated with his venerated older brother, Vernon, whose career had followed a similar path. Over the years, Dr. Cantlon has worked tirelessly to raise the standards of the medical and surgical care in Nevada. One notable example was his role in helping to establish the Reno Surgical Society. In addition he has served as chief of staff at Washoe Medical Center and Saint Mary's Hospital and was president of the county and state medical societies.

Since retiring in 1987, Ed has pursued his favorite hobbies of horsemanship and, until recent years, hunting. He, along with Tick, his devoted wife, have been involved in many community projects over the years, in addition to raising two bright and attractive children.

Dr. Cantlon has known many impressive individuals, whom he describes in his oral history with candor and grace. At the same time we appreciate a warm and benevolent feeling for himself and his era.

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An Oral History Conducted by Roderick D. Sage

University of Nevada Oral History Program

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PREFACE TO THE DIGITAL EDITION

Established in 1964, the University of Nevada Oral History Program (UNOHP) explores the remembered past through rigorous oral history interviewing, creating a record for present and future researchers. The program's collection of primary source oral histories is an important body of information about significant events, people, places, and activities in twentieth and twenty-first century Nevada and the West.

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While taking great pains not to alter meaning in any way, the editor may have removed false starts, redundancies, and the “uhs,” “ahs,” and other noises with which speech is often liberally sprinkled; compressed some passages which, in unaltered form, misrepresent the chronicler's meaning; and relocated some material to place information in its intended context. Laughter is represented with [laughter] at the end of a sentence in which it occurs, and ellipses are used to indicate that a statement has been interrupted or is incomplete...or that there is a pause for dramatic effect.

As with all of our oral histories, while we can vouch for the authenticity of the interviews in the UNOHP collection, we advise readers to keep in mind that these are remembered pasts, and we do not claim that the recollections are entirely free of error. We can state, however, that the transcripts accurately reflect the oral history recordings on which they were based. Accordingly, each transcript should be approached with the

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In order to standardize the design of all UNOHP transcripts for the online database, most have been reformatted, a process that was completed in 2012. This document may therefore differ in appearance and pagination from earlier printed versions. Rather than compile entirely new indexes for each volume, the UNOHP has made each transcript fully searchable electronically. If a previous version of this volume existed, its original index has been appended to this document for reference only. A link to the entire catalog can be found online at <http://oralhistory.unr.edu/>.

For more information on the UNOHP or any of its publications, please contact the University of Nevada Oral History Program at Mail Stop 0324, University of Nevada, Reno, NV, 89557-0324 or by calling 775/784-6932.

Alicia Barber
Director, UNOHP
July 2012

INTRODUCTION

This oral history of Dr. Edwin Cantlon encompasses the life of a fascinating individual, who in his 80 plus years has experienced enormous changes in the social and economic structure of Nevada and the United States, as well as in the essential practice of medicine.

Dr. Cantlon grew up in western Nevada during the early days of the twentieth century, embracing the cowboy way of life, which, after his family, was his first love. Ed's formal education was in the Sparks public schools, followed by the University of Nevada, where he served as student body president during his senior year. His professional training followed in the superb medical and surgical programs at Harvard, where he studied for ten years with many of the world's leading scholars and teachers. Under slightly different circumstances he may well have joined that elite circle in Boston.

Upon completing his years of residency Dr. Cantlon entered the United States Army, serving for four years as a military surgeon. This experience in the cauldron of World War II helped him to hone and refine his

already notable surgical skills. Countless wounded soldiers in North Africa, Italy and France survived their injuries because of his remarkable competence and dedication.

After the war, Dr. Cantlon returned to a different, but demanding, practice in Reno, where he associated with his venerated older brother, Vernon, whose career had followed a similar path.

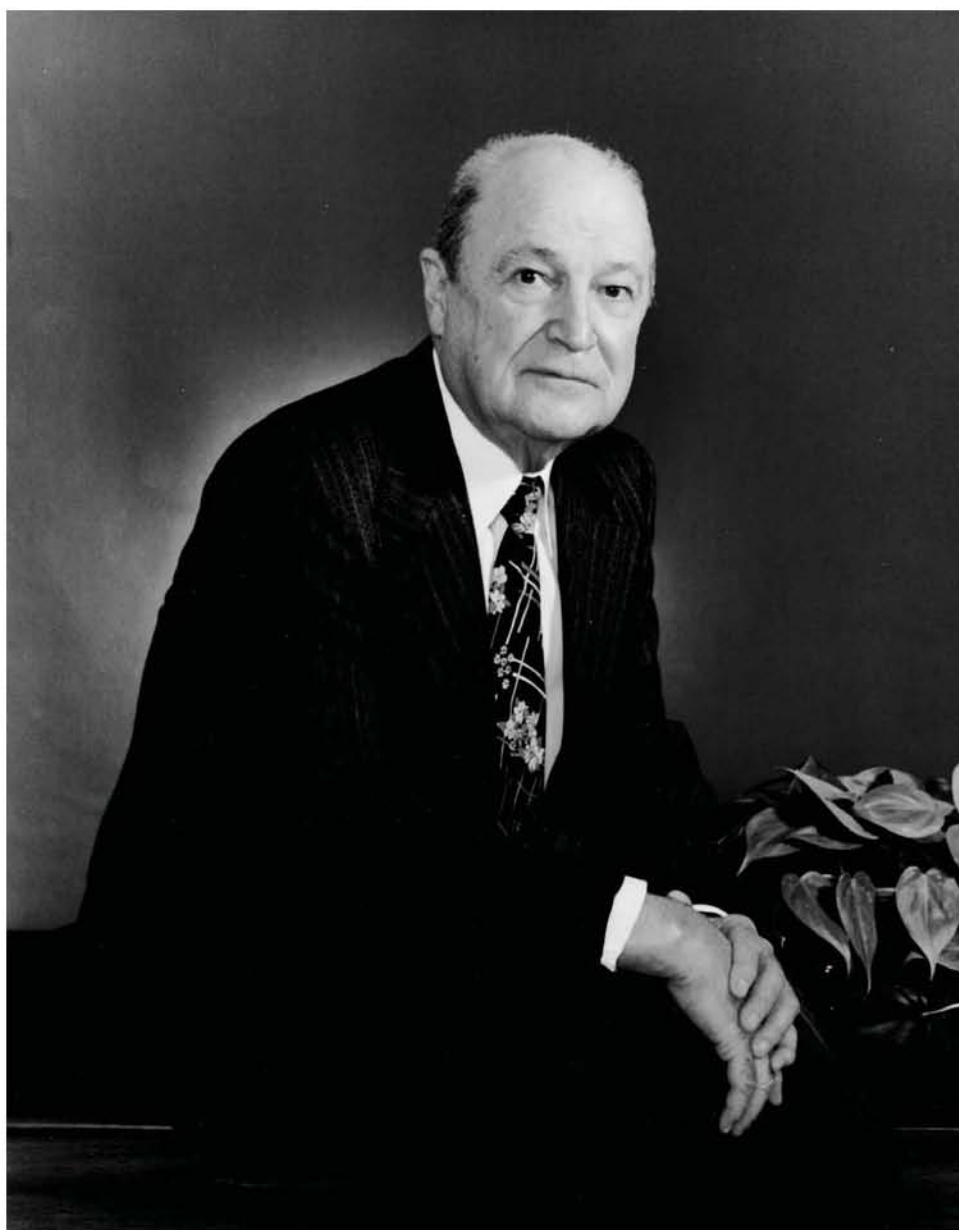
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Since retiring in 1987, Ed has pursued his favorite hobbies of horsemanship and, until recent years, hunting. He, along with Tick, his devoted wife, have been involved in many community projects over the years, in addition to raising two bright and attractive children.

This oral history project has been both enlightening and inspiring for me. Dr. Cantlon has known many impressive individuals, whom he describes here with candor and grace. At the same time we appreciate a warm and benevolent feeling for himself and his era.

We recorded this history over a two year span from 1992 to 1994, under the auspices of the Oral History Program of the University of Nevada, Reno.

Roderick D. Sage, M.D.



EARLY YEARS

July 16, 1998

PARENTS AND GRANDPARENTS

Edwin Cantlon: My father was a railroad man, which he came by naturally—his father was foreman of the bridge and building gang for the Great Northern Railroad. My mother was born in Virginia City, Nevada. Her parents were John and Theresa Monte, Sr., and she was born on the 24th of February of 1889. Born in Princeton, Minnesota, January 16, 1880, my father came across the country as the building of the Great Northern Railroad progressed and finally lived with his family in Spokane, Washington. He finished sixth grade and then, as part of a large family during the depressed economical situation of the times, he sought employment. He became an excellent railroad mechanic, beginning as a machinist apprentice at the age of sixteen. He fudged a little bit on his age as people frowned on youngsters going to work at such a young age, but he finally made the grade. He went from Spokane to the Bremerton

shipyards in Washington and worked on the boat engines. Because of his skill, he was often sent on trial cruises from Bremerton down to the shipyards around Oakland and San Francisco. Once, going through the straits of Juan de Fuca and coming out of the Bremerton harbors, almost everybody on the ship became seasick except him. He became the mechanic, the navigator, and the driving force for keeping the boat going until people finally recovered. About 1905, he moved from that location to the Wadsworth area where the Southern Pacific shops were located and became involved with a gold mining company in the Olinghouse mining district just north of Wadsworth. Because of his railroad experience, he became the engineer and general upkeep man for the railroad that transported the ore from Olinghouse to a stamp mill near Wadsworth. This was right close to my grandparents' ranch, and that is how he got to know my mother.

My mother's parents were immigrants from Italy who tried a variety of jobs before settling on a ranch near Wadsworth. They

came by ship to the United States through the influence of Manuel Cafferata, a resident of Reno and Virginia City. My grandparents were first employed in Virginia City in the mines, but my grandfather couldn't stand the confinement. As soon as he earned enough money to make a neophyte start, he quit his mining job, bought a team of horses and a wagon and began cutting wood for the Virginia City miners. He selected trees for some of the timbers that were used in the mines. They also raised garden products which were sold to the Virginia City miners. They had three children. One was John Monte, Jr. who later stayed on the ranch in Wadsworth. The second was a daughter named Rose and the third child was my mother Angeline. My grandfather was always interested in ranching, and the family moved from Virginia City to the McCarran Ranch, which is still owned by Sister McCarran, for their first venture in ranching. After seeding the fields, Grandfather decided that this area was not suitable to make a living because of its smallness. Next, he bought some property on the lower Truckee River which was later called the Hamilton Ranch. This ranch was hewn out of raw land. Digging ditches, leveling fields, and cultivating was done before he realized that this ranch was in the Indian reservation north of Nixon between Nixon and Wadsworth. After disposing of the ranch in that area, Grandfather bought acreage along the Truckee River, just out of the Painted Rock Canyon, and settled on a ranch there. My mother, aunt, and uncle graduated from Wadsworth High School. That is where my mother and father met and were married on her sixteenth birthday. After their marriage, my parents moved to Sparks where my father worked for the railroad and built a house which is still standing.

I was born on the 24th of July, 1911, delivered at home by Dr. Asher. My brother Vernon was four years older than me. A family practitioner named Dr. Jackman delivered Vernon in Wadsworth, Nevada, on the sixteenth of June in 1907.

BROTHER VERNON

Vernon was always a good student and I can remember that his report cards were always graced with practically all "A's". He was quite inventive, independent, and progressive. In contrast to me, he was an avid reader and an excellent illustrator who drew many pictures, mainly of birds, animals, and landscapes. He was also quite athletic. He played baseball for the back-lot teams and was a good pitcher. He played football and basketball and track and was a letter man in these sports during his high school career.

CHILDHOOD

I have more memories of spending time on the ranch with Grandparents Monte rather than spending time in Sparks, actually, until I became of age to go to school and then it was quite a battle to get me to come back up to Sparks to start school. I started first grade at a little school about a block and a half from our house called the Mary Lee Nichols school which was on the corner of 8th and D streets. My first teacher was a Miss Sullivan, an attractive young lady who got along with all of the students quite well. She was always cheerful and taught us to sing and pledge allegiance to the flag each morning as classes started off. We were a little bit crowded, and I was asked to share a desk with Jerry Poncia who later became a long-time friend. Jerry and I were classmates through high school

together, but he apparently took a dislike to schooling and never completed a college career. Jerry's father, who also was Jerry Poncia although the young Jerry was not a Junior, worked for Graham and McKay at the Bank Club in Reno, Nevada. He was really a wonderful fellow, always full of fun and a good supporter of school functions. He took Jerry and me to many high school football games and baseball games in the family car.

In the first World War, two of my grandparents' nephews were recruited to go into the army. One was Louis Ceresola who ran a butcher shop in Wadsworth, Nevada. The other brother was named Fred Ceresola, a rancher. Following the armistice came the word that Louis Ceresola was missing in action and no one was ever able to say what happened to him. Fred was wounded by shell fragments, but he made it back.

There was a flu epidemic in 1918 and 1919, and everyone was vaccinated for the flu. Dr. Joslin, who was a family practitioner in Fernley, came to the ranch in Wadsworth and gave everybody a shot of the flu vaccine. He also passed out masks which were similar to the early day cloth masks used in the operating room, and gave the instructions to soak them in rubbing alcohol and then wear them over your nose and mouth. This proved to be a chore that was beyond most people and the smell of the rubbing alcohol was the deciding factor. The masks were soon discarded.

During the epidemic, schools in Sparks were shut down for a month or so during the winter months. When I went back to school, two of our classmates had passed on, but my family was spared. None of our family got the flu.

During WWI, Dad was busy keeping the railroad going. My mother, grandmother,

and both of my aunts—my uncle's wife Michelina, and my aunt Rose Mariani—knitted numerous pairs of wool socks and a stocking-type cap with a bib on it that could be tucked under the shirt. It fit over your head and had an opening for your eyes, but the lower part of it covered the nose and mouth.

In the fifth grade at Robert Mitchell Elementary School, we had a teacher named Ms. Reeve, an excellent teacher of arithmetic especially. A half dozen of us were promoted to the sixth grade, skipping a great part of the fifth grade, which was a real mistake because I had trouble ever after with fractions and percentages.

I was a poor reader actually, primarily because when I would go down to the ranch at Wadsworth we were kept busy doing chores and, although they had good lighting put out by gasoline lamps, this early-to-bed and early-to-rise routine was not much incentive for reading. Until I got into high school and the university, I had read a minimum amount of books.

I was always handy with a lasso rope, and by the age of six or seven was able to saddle the horse and helped in moving animals around and with all the chores of feeding, milking cows, and seeing that the gates were secured. There were always Indians who worked on the ranch, and I learned a lot of their theories about things. As a matter of fact, most of my early day playmates were Indians. They lived at the Indian reservation in Wadsworth and would commute the two miles whether by horse and wagon or on horseback.

From Sparks to the ranch, the road was really a one lane, gravel road that followed the water contour of the Truckee River down the canyon. The trip was about a thirty mile jaunt down to the ranch. And it was the kind of road that twenty to twenty-five miles an hour was

top speed and it took an hour and a half to an hour and forty-five minutes to get down there. One of the places that was thought to be a hazard was where the road crossed the railroad over toward the Lockwood ranch and then made a kind of a right angle turn to get down along the river. There was quite an incline where it was just a one lane passage. If a car was coming down the grade, they had the right of way, the one that was coming up was supposed to back up and give you passage. My parents always stopped and blew the horn and made sure the road was clear.

My father's first car was a second hand Buick, a roadster type of vehicle, and a real fancy automobile for its day. He paid about four hundred dollars for it, but he kept it a very short time because it didn't have enough room and traded for a real good car, the Hudson Super Six touring car that would easily seat two or three people in front and two or three in back. It also had jump seats in the back. The wheels were known as artillery wheels constructed with wooden spokes, and the tires were tube tires but they were made of extremely hard rubber. The normal pressure in them was about seventy-five to eighty pounds. They were real rough riding! They blew out quite easily, so if you made a trip from Sparks to the ranch near Wadsworth and didn't have a blow out, you had really been blessed with luck.

There used to be signs along the road referring to the horns as "Klaxon" and underneath the sign it says, "Sound Klaxon!" This would alert people who were coming toward you to either park at a turnout or if they had already passed it, to back up. And the people who were coming downhill had the right of way. It was quite an ordeal to go from our home in Sparks to the ranch which was roughly thirty miles. Usually took a good hour and a half to two hours to make the trip.

Each car—the ones that were down at the ranch and also the one that my family had—were equipped with at least two spare tires, which sort of gives you an idea of hazards that you might encounter in a short trip. Our destination was my grandfather's ranch which was two miles west of Wadsworth. Always a happy feeling came over everybody when the trip was concluded without having to change any tires or having had any mishaps along the road.

Well, the law was the same in my childhood as it is today, and you were not supposed to drive an automobile until you were sixteen years old. We used to fudge a little bit in driving the vehicles on the ranch, but my dad was always very cautious about letting anybody drive before they had reached the legal age.

The road that we followed where it was in the straight stretches had been built over the old railroad grade. It was pretty much a one lane road to Fernley, Fallon, and Lovelock with turnouts along the way so that cars could pass each other. There was still a great deal of wagon traffic. The first improvement was shortly after the World War I era around 1919 or 1920. The road was converted into a wider version of a one lane road, then it was graveled and, using care, cars could travel in both directions.

On all holidays and weekends, I used to get down to the ranch to visit with my grandparents and my aunt and uncle. Another mode of transportation was provided by the Southern Pacific Company which ran what they called a motor car from Reno to Fallon. This was a larger version than the ordinary street car; it was about twice as long, powered by a gasoline engine, and would carry probably about twenty-five or thirty people. The conductor was a friend of the family named Paul Perkins. He knew my

dad real well and never asked us for tickets because he knew that my dad had a pass on the railroad which gave us free passage. He was not supposed to stop except at Fernley, Hazen, and Fallon, but he would stop the car at Derby, which is now Painted Rock, and let us off. Then we'd ride back to the ranch either on the spring wagon or in the automobile. When the highway was improved and rail traffic increased, the railroad abandoned its motor car.

In addition, there was a private stage consisting of a seven-passenger touring car that would go from Fallon to Reno in the morning hours and then reverse directions in the afternoon hours. It used to go by the ranch about 4:00 in the afternoon.

Wadsworth probably had less than 125 people at the time because most of the people had moved into Sparks, and there was a pretty big fire down about the same time. The town really never did rebuild. Wadsworth was built on the Paiute Indian Reservation land, so the Indians have the say-so about the township itself even though the county administers the laws.

I learned about guns and hunting and fishing at an early age. My uncle was an expert hunter and gave all of us, Vernon and my cousins, very careful tutelage about the use of firearms. We all started with a single-shot .22 rifle and he made sure that we were going to be as safe as possible because he supplied us with a little bullet called a BB cap which was about half the power of a .22 short. Although I'm sure that if you shot somebody with it, it would penetrate them, but it didn't have a very long range. My grandparents had an extensive orchard on the ranch and, of course, the birds had first dibs on the ripe fruit and I can remember that both my grandfather and my uncle coached us in where to sit and how to get a good aim to keep the birds away. The

pop of the BB going off was more effective than the number of birds we actually shot. The sparrow family was quite predominant, but there were also robins and orioles and finches. We were always cautioned not to shoot at birds like doves or quail, because they were one of my grandfather's favorites and they didn't bother the fruits.

As we got older and more proficient in handling larger firearms, we always had a great time hunting ducks and quail. One of my grandfather's stipulations was that we could only shoot quail if they were outside of the fence line. Otherwise, they were his pets. We fudged periodically, but he had a sixth sense about it, so when everybody gathered at the dinner table, we always got lectured that if we wanted to come down here, we had to abide by the rules. Otherwise, he would notify our parents to come down and get us.

There was always a great influx of sprig which was a pin-tail duck that came early from the North and landed in the fresh water along the river. They would sometimes stay for two or three days, then they would spread out and go to the Fernley Wildlife Area and to the duck hunting areas in Fallon—the Greenhead and Canvasback areas. We'd borrow my uncle's field glasses to spot the ducks, and then sneak up through the brush. By getting up as close to the bank as we could, we would get a few ducks. My uncle was a great conservationist, and whenever we went hunting anywhere for birds or ducks, his premise was that we would kill enough birds for a serving at the dinner table. It wasn't necessary to kill twenty-five ducks just because that was the legal limit. He said that we couldn't use that many anyway. Often times, we would come home with just six or seven ducks. We always got in on the plucking and cleaning, and I was thankful that we didn't have twenty-five to pluck instead of just the ones we had. But it always stayed with me.

My uncle always had a hunting license and always saw to it that anybody who went with him also had a hunting license. He was always very careful to be within the law. One time we were stopped by a game warden who remarked that was quite an ordeal to go down and put out decoys and go duck hunting and then not stay long enough to get a legal limit.

I joined the Canvasback Club back in the mid 1950's. Tick and I had a travel trailer that we hauled down and set up on a lot that we were assigned to with our membership, but my experiences at the Canvasback were never as good as a lot of people's. Having gotten in at a later date, I wasn't as knowledgeable about the canals and about the choice shooting areas. Another factor was that by then Vernon had started on a decline in health and whenever it seemed that we were making arrangements to go down to the Canvasback Club for the weekend, he invariably would call and say that one of our patients had just called and was vomiting blood and could I stick around long enough to make sure that he was stabilized before I left. Oftentimes, these were people that we had seen several times before who had been advised that they might need an operation. If you had to take time out to admit a patient to the hospital and get him in shape and then do a gastric resection, it often meant that you arrived at your trailer at the Canvasback at about midnight. Then having to get up to the drawing at three o'clock in the morning and going out to the blind, you soon wondered whether this was really fun or not.

I was a member for about ten years. The last three years that I was a member, one trip a year was the extent of my use of my membership there. One day, Dr. Nick Klaich, who was a good friend and patient of ours and one of the prominent veterinarians here in Reno, approached me and said he wanted to have first refusal on my membership in the

Canvasback. I said, "Nick, you got it. If you want my membership, it's yours, and you pay me whatever you think it's worth to have the shed down on the lot. You can have my boat and motor and all of the accessories, and it's yours." So we made a deal on the spot and he took over, but I don't think he ever used my boat or motor. Several years later I went there with a friend who had a cabin at the Canvasback. When we went over to the boat launching area I noticed that my boat was still turned upside down on the supports, and it had a good growth of weeds around it, so I doubt that Nick ever used that boat.

HIGH SCHOOL

I graduated from Sparks High School in 1928. Vernon had preceded me by four years in high school, and he was a good athlete. He was an all-state football and basketball player and was also a track man. He used to run the 50, 100, and 220-yard dashes and the quarter mile. He was the starter on the half mile relay team along with Harold Bailey, who ran the second heat, Earl Watson, who ran the third heat, and Ken Robinson who was the finish man. They set a record that stood for twenty years before anyone bested it.

Bill Martin was a high school teacher and also the football, basketball, and track coach. He was a no nonsense kind of coach, and if he didn't think the students were catching on quick enough, he was not averse to showing them how to do it. He was a real athlete, and he really turned out a lot of excellent athletes at the school. He came from the University of Nevada. Rabbitt Bradshaw and Chet Scranton and Bill Martin were all on what they called the Wolf Pack, and I can remember that one of their achievements was that they had tied the University of California Wonder Team in a football game.

I think our Sparks graduating class was probably about forty-eight students. George Dilworth was the high school principal, and Minerva Wolf, an excellent math teacher, was the assistant principal. Had it not been for her tutelage with geometry and algebra and algebra II and then trigonometry, I probably wouldn't have made it through the math classes. Unfortunately, at the end of our junior year, she had a heart attack from which she really never completely recovered. In my senior year, Mr. Dilworth took over her activities as the math teacher and, although he was an excellent mathematician and he could do the problems, he could never give you any clues as to how he got his answers or how you should go about doing it.

Early in my freshman year, Chester Scranton taught us civics which encompassed civil government and governmental affairs. Now they have divided it up into several other categories, but this was an all-encompassing class. He was an excellent teacher and a no-nonsense kind of guy. One time he impressed the class no end by picking up one of the bigger kids by the so called scruff-of-the-neck-and-seat-of-the-pants method and marched him right out of the classroom and pushed him out into the hallway and closed the door. When he came back, he sort of brushed his hands together and he said, "When I'm talking, I want you people to listen. If you don't and I find out," he said, "you'll get the same kind of treatment." That made for good discipline. Unfortunately Chet, as we called him on the outside, only stayed with Sparks High School for one year before he went back up to the university where he got a good position in the athletic department.

After Chet, Procter Hug taught Chet's classes in civics and government. He was likewise an excellent teacher. He wasn't quite as forceful or as scary an individual

for students as Chet had been, but he, too, brooked no-nonsense; it was all right to kid on the outside, but when you came to classes, forget all those things and tend to business.

Mr. Dilworth took on the math assignment and he turned part of this over to a young graduate from the university. Her name was Dorothy Whitney and she was an excellent math teacher, as well as a language teacher. Then there were two sisters who taught: one was Dorothy Griffin and the other was Margaret Griffin, and they had a long tenure. Margaret was an English teacher and a very good one. Our science teacher was Marie Grubnaugh, which was a long-time Sparks name. Her family, of course, were railroad people and her father, Harry Grubnaugh, was an engineer on one of the preferred trains. Oftentimes, she would quote some of the sayings that her father had ingrained in her about how you ran a railroad, saying, "And I'm not going to run my school room the same way." An unfortunate happenstance for me in one of her classes was an experiment in making water. She had a lot of glassware set up and she was very explicit about the dangers of this experiment failing in the event of any sparks around the apparatus. Everyone was very intent, paying strict attention to what was going on, as she was boiling some solution which probably had some hydrochloric acid in it. She had it at a distance from this elaborate set of glassware, but at the conclusion of the experiment, some joker in the back of the room brought in a firecracker and saw fit to light it and toss it over in the corner. He tossed it right close to my seat and although I was innocent, I was the one that was singled out for having done this and was sent to the principal's office. She got word to him about why she was sending me, and he saw fit to give me quite a roughing up and a good shaking—telling me how stupid I was

and how dangerous it was to do such a thing in a school room and what poor bringing up I had. He carried on at a great rate and when he got all through he pushed me into a corner and said, "And what have you got to say for yourself?"

After I had taken the brunt of this attack, I wondered whether I should say anything but I just merely, in as calm a tone of voice as I could, said, "Mr. Dilworth, I've been given the blame for this, but I didn't do it."

His answer was, "That will be all."

So I was dismissed. I think it was at our fifty-fifth class reunion from high school at the Nugget when one of my good friends and classmates asked, "I wonder if you remember the incident when you were sent to the principal's office for setting off a firecracker in Marie Grubnaugh's general science class?"

And I said that was an experience that I would never forget.

And he said, "Well, I was the one who lit the firecracker."

It was a consolation to have the culprit finally admit the guilt but it sure didn't help me out at the time.

Proctor Hug told me when he came to teach at Sparks High School that Mr. Dilworth had told him to be extra careful of four students—Norman Blundell, Raymond Poncia, Howard Guinn, and myself. He said, "And you were supposed to be the trouble maker."

I always wondered why I should have been labeled the trouble maker. Years later one of my patients who was a classmate in those years, a fellow named Joe Sbragia (who first started at the Bank of Sparks and then later got to be one of the vice presidents of the First National Bank which later became the First Interstate Bank) said he had told Proc Hug that I was a trouble maker. Sometimes

things like that are hard to erase, even though I always completed all my courses on time and had a good scholastic record.

I was too small to play football effectively. I went out and practiced each day and was the substitute quarterback, but I didn't play very much. I never got in enough quarters to make a letter in football. In basketball finally in my senior year I played enough quarters to earn a block "S". I also participated in track, but I was relegated to the mile and two-mile events and I was again: a) too small and b) really not a good enough athlete to have competed in those events. I probably would have been better off to spend those practicing hours boning up more on English literature and reading more books. I think that would have done me a lot more good than trying to compete in athletics.

Proc Hug was also a coach, and after I graduated in 1928, he became principal of the Sparks High School. He was succeeded by a fellow named Edwin "Tip" Whitehead as principal, and Proc became the state superintendent of public instruction. He held that spot for several years and later became one of our very good senators.

Tip was a little older than I, but he came to Sparks High School as a coach and teacher, and put out many championship teams. He had, really, several excellent athletes develop under his tutelage. Herb Foster was an instructor at Reno High and an excellent coach. There was always a great rivalry between the two schools. He likewise was one of the members of the team with Bradshaw and Scranton that had tied with the California Wonder Team. He, of course, had a quite a bit larger student body at Reno High School. I imagine it was probably a half or two-thirds again the size of the Sparks High School student body. But he put out some real good teams and there was

always a really high- pitched rivalry between Sparks and Reno. No matter who won, it was always a real hard fought-out contest. A football team that Sparks High School had in 1924 when Vernon was a senior was the number one team throughout the state.

Any jobs that I did in high school were on weekends down at the ranch. We usually worked during the summer but not during school sessions.

The high school was on 15th Street, and we lived on 7th Street, so we used to walk back and forth and occasionally ride our bicycles. The economy actually was such that jobs were pretty few and far between. My dad had gotten to be a foreman over at the Southern Pacific shops. Now and then, he came home with the story that somebody from high school had come over and wanted to work a four to twelve shift. He said the pay that they got was probably between twenty-four and twenty-six cents an hour. By the time you got your clothes cleaned or laundered, you weren't really making enough money to make it worth while. A few of the kids got jobs delivering groceries, as it was quite common in those days to call up the grocery store and put in an order for groceries. They would charge it to you and deliver it, but this would occupy only one person, and they usually had a steady person who would make the deliveries during school hours so that after school work was again not that big an object.

Only a couple of kids dropped out during our high school year. One of them was an older kid when he started school so he quit school for that reason and he got a job with the railroad. In our senior year, there was an individual who dropped out of school and the rumor was that she dropped out because of pregnancy, but whether this was true or not, I sure can't say. It was not discussed at

all in school. It sure wasn't a bothersome or frequent incident in those years.

Some students drank maybe a little wine, but this wasn't a problem either. When we went to the ranch, they always had wine on the table for dinner which was the noon meal and for supper which was the evening meal. There were always three or four or five hired hands, and they were all welcome to have a glass or two of wine with dinner if they saw fit, but I can't ever remember anybody drinking to excess. I didn't, because of my, sort of, tendency to head for the ranch on weekends and vacations. Neither Vernon nor I had any contact with the so-called pool hall gang; there was a couple of pool halls in Sparks and a lot of the kids used to go down. They had a game called snooker that was played on a bigger table and with smaller balls than the ordinary pool balls, but I can't ever remember playing snooker. The few times that I ever played pool were at the Crosby house in Wadsworth where they had a pool table and once in a great while if we were in Wadsworth of an evening and nobody was playing pool, why, my cousin and I might shoot a game of pool, but I'm sure I could count the number of games on the fingers of one hand. I honestly feel that my dad was sort of happy to see us head off for the ranch in an easterly direction rather than sticking around town. I think he felt that kept us out of a lot of trouble. The pool hall which was in Robinson Hall on the corner of 10th and B Streets, was probably the best equipped one. One time I just walked into the place! I never did play anything, but way in the back of the hall there was a card game going on and these were railroad men who were gambling, but nobody ever paid any attention to it. It wasn't illegal. They didn't have clubs like Harrah's, but I sure never heard about a game getting busted by the cops.

Well, high school was a lot of fun, and we had some excellent teachers in high school. One was a recent graduate from the University of Nevada named Clementine Shurtleff who taught us English, and she was excellent.

Among the fellows in the class who were actually a year ahead of me was a fellow named Pete Baker whose name is well known. He was a rancher, but his brother Herman Baker and Bob Drake formed the Baker and Drake Taxi which is still with us. There was another fellow named Harry Della Santa who graduated, and went on to pharmacy school and became an excellent pharmacist, working in several of the drug stores both in Reno and Sparks. A third one was named Francis Wolverton. His family were railroad people, but he finally ended up in later years as a rancher. These fellows would line up in a row of seats, and then they would sort of wiggle and bounce on their toes to start a vibration which would make that high school shake like you thought there was an earthquake going on. The look on Miss Shurtleff's face when she would glance up and peer down the aisle and say, "All right boys, you've had your fun. Now that's enough!" But this brought only a temporary cease in the activity.

Other teachers that we had were Margaret and Dolly Griffin. I was a classmate of John Griffin at the university, and now his son is one of the district judges in Carson City. I think that Margaret and Dolly Griffin were probably people who left a great impression on me and provided a great stimulus to carry on and search for further knowledge beside what they had imparted in the classroom. Margaret Griffin taught English and some commercial subjects like bookkeeping etc., which I didn't get into. They were very highly thought of. When I wanted to take typing, I was told that the class was full and that there were no more typewriters available. Miss Mantle was

one of the teachers who taught typing, and Wink Hastings, who taught manual training and shop, entered the act because he had a student in his class who wanted to take typing, and he felt that arrangements could be made. I offered to supply my own typewriter if they would make two more places in the classroom and this was finally accomplished. The school got together with the trustees and they bought a couple more typewriters and slid another couple of desks into the lines of typewriters that were already there. I think the amount of red tape to get this accomplished at the time was much less than it would be in these days. This was a great boon that helped me later in typing themes and reports. It also was a great help to know how to type for preparing papers later at the university. The first year of typing you were supposed to be able to type thirty words a minute without error. Both my companion and I at the end of the course were able to type fifty words a minute which I felt was pretty good. I wish I could still do it.

WORK ON COWLES RANCH

Of course, everyone looked forward to summer vacation. One of the great experiences that I had during the summer after my junior year was a job with Richard H. Cowles, at the time a state senator. He owned a large cattle operation which went from just outside of Nixon where the Indian reservation headquarters were, northward to Gerlach and then eastward over the Bluewing Flats and the Bluewing Desert to the vicinity of Lovelock. This was my first venture at a job away from home. With a rolled up bed roll and my saddle, we gathered at the Slough House, just outside of the Nixon Indian Reservation to start off a roundup. We proceeded from one camp to another rounding up all the cattle, weaning the larger calves, and also branding

the new calves that had appeared. I had real good tutelage from a good and long-time friend named John Welch who was one of the cowboys. He looked out for both myself and my cousin who joined us a little bit later. The foreman was a crusty character named Al Perry who seemed to be about as strict at teaching you about roundups as the school teachers were about teaching you English. Although it was hard work, it was a lot of fun, but the pay was not great. We were paid seventy-five dollars a month and had to supply our own gear. They supplied the real estate to roll out your bed roll at night and the food.

I had a lot of experience around my uncle's ranch gathering the cattle that used to graze on the river, but my uncle's ranch didn't have any outside range so their herds were always kept at a minimum, probably between seventy-five and a hundred head. This outfit that Mr. Cowles had was in the neighborhood of four to five thousand head of cattle, so it required a good crew.

I had read a lot of Charlie Russell books and Will James books on western lore and how a greenhorn coming into camp was always the easy picking's for the old timers. I went prepared for this experience. I had a rawhide riata known as a lasso rope. This was a neat looking rope made by an Indian whose name was Rawhide Henry. Sometimes to get even with people, they would put in a bad strand in the rope, so it was quite easy to break it if you weren't very careful with it. Well Richard Cowles, Junior, the owner's son was one of the ramrods, and he badgered me all day long about wanting to trade me out of this rope. I kept looking at the rope on his saddle, and I knew it was a good one, because I had seen him use it before except that he had broken the honda off the rope. The honda is the loop in one end of the rope that you thread

the other end through so that you can make a large loop.

Finally when we got to the roundup corral and the calves were all ready to brand, he said, "Well, am I going to get that rope? How long is it going to take to make up your mind?"

So I said, "Well, Richard, I've thought about it for a long time. I know you really want it, so I'm going to trade you."

So he gave me his rope, and I passed mine over, and then I promptly rode down to the cabin which was probably a couple hundred yards away and stashed his rope in my bed roll. I got out my using rope and came back to the corral.

He had kind of a funny look on his face, and he said, "What did you do that for? That rope was a good one. Incidentally, what's wrong with this one?"

And I said, "Richard, wait until you rope a calf and you'll find out what's wrong with that good looking rope."

Needless to say, he went in—he was a good roper—and he caught one of the big calves first off and broke the rope about six or eight inches from the honda. He came back making a lot of complaints about the fact that he had been taken, but the whole crew had heard most of this chatter all day long and they said, "Well, you got what you asked for."

The rest of the roundup went real well, and it took longer than anyone had thought. I have no idea what the end tally was in the number of calves that we branded, but I can still remember the foreman talking about having a real good calf crop that should make the boss happy when he got the figure. We went from the Slough House to the corrals at Sage Hen, which was about twelve miles away, and had our first branding there. Then the next day we gathered the cattle surrounding that area and went on to another camp called Stone House where we had another branding.

Then we went to another camp at Bluewing and one called Juniper Mountain. From there we gathered the cattle and went toward the home ranch at Limbo which is on the east side of the Limbo range. Next we moved down to a camp called Ten Mile and gathered all the calves in that area and out toward the Gerlach and Smoke Creek Desert. That proved to be a big branding in that area.

Afterwards, we came back and made another big circle around the land immediately east of the home ranch, and we were to gather the animals at a long string of water troughs which are known as Betty Creek. We left that morning before daylight because we knew it was going to be a long day. Al Perry, the foreman, sent me on what we call an outside circle, which was riding out to the edges of where we had been before to make sure that we hadn't missed any cattle. He also cued me to ride to the east side of the steep mountain, so that when I gathered the cattle and brought them back, I would see a long string of water troughs. There must have been about twenty or twenty-five water troughs all built in a long line. One would overflow and run into the next. When I came back with about two hundred head of cows and calves, I kept looking for these water troughs. I wondered for a while whether I was lost, and then as we approached, I realized why I couldn't see the troughs; they were covered by sagehen. The sagehen had come in to drink, when those cattle moved toward the water troughs, it looked like the whole country was moving. That's the largest concentration of sagehen I've ever seen in my life. Without exaggeration, there must have been at least ten thousand birds in that group. When they left, then the water troughs were easily visible.

Cowles owned the cattle and several forty acre plots around the water holes. The rest of the land was BLM land, but by owning these

plots where the springs were and being able to put in water troughs, why, he pretty much controlled the whole area.

The ranch is now owned by Armored Transport Company from Los Angeles, but their operation now is a much smaller operation than it was in those days. I think their permit is around a thousand to eleven hundred head, and Mr. Cowles' outfit was up between three and four thousand animals.

The next year when I had graduated from high school—that was in 1928—we were having a very severe drought. When we started out with the cattle, all the hands kept repeating over and over that the range was in very bad condition and the springs were low. They thought we should be gathering the cattle and taking them off rather than branding them and turning them back out. But Al Perry would overhear some of the hands talking about this and say, "I'm running this outfit and if I need any advice, I'll ask for it."

After high school, Richard Cowles came in and talked me into going out to the cow camp early. I had wanted to stay in Sparks and go to the parties and dances that were always held at the end of graduation, but he finally prevailed and talked me out of it. That was a real mistake on my part. When we got out to the home ranch at Limbo, there were only four people there. A good, long-time friend named Gardner Sheehan, the foreman Al Perry, and Richard and I filled out the crew. We were to start shoeing the horses in preparation for the roundup. They had about seventy-five head of saddle horses that all needed to have shoes because of the rocky terrain. Between the four of us, we got to shoe about twenty-five horses a day for three days, at the going rate of two and half dollars a day. I am amused at this experience now because I have always owned horses and up until recently have taken care

of the shoeing myself. Now it's gotten more than what I want to deal with, and the last bill that I paid for having a horse shod was thirty-five dollars which seems like a lot of money, but just to get out of having to do it, that was cheap for me.

THE RATTLESNAKE ADVENTURE

We finally got out to the most eastern part of the cow camp which was an area called the Lava Beds. When we finished the roundup that day, there were a couple of amusing incidents that happened. I rode with Al Perry and it was hot and dry and dusty. He finally turned around and told me that if I would just learn to chew tobacco, the heat and dryness would be much more bearable, but I didn't succumb to that. He finally asked me if I was thirsty, and boy, I really was. In the old vernacular, I had been spitting cotton for probably an hour or two before that. And he pointed out a little bunch of trees, which he said was the coolest and best tasting water on the whole range. When we went through the first barrier of high sagebrush, the rattlesnakes started buzzing. He got off his horse and kicked two or three rattlesnakes out of the way, hit 'em with the romel on his rawhide reins, and cleared a path up to the water. He laid out prone and got a good drink, then he turned around, looked at me. I was still sitting on my horse, and I wouldn't have gotten off that horse if somebody had given me a good shiny hundred dollar bill. He said, "I thought you said you were thirsty?"

I said, "I was, but I'm not anymore." I never got my drink. I waited until we got to camp that night.

After we had finished supper, he had had it with the crew and with the dry weather and all, and he told us that the next morning we could all just pack our bed rolls and go to

town. But he pointed a finger at me and said, "Everyone except you. You're going to take the saddle horses back to the home ranch at Limbo."

Well, that was quite a piece of news to know the roundup was over, but about that time we saw a long trail of dust coming down the old dirt road from the headquarters at Limbo. Al Perry gave a great number of dissertations about what kind of a fool would be coming out across this road this time of year, and didn't they know they were bothering the cattle? We were already having enough trouble. He was quite uncomplimentary in some of his remarks but when the car finally drove into the yard, it was Mr. Cowles. He came in and told Al Perry not to discharge anyone. The next morning everybody was to saddle up and start gathering the cattle to move them off the range. He had rented some pasture over in Yerington and also in Mason Valley. A long argument followed between Mr. Cowles and Al Perry who said that these cattle were too weak; they wouldn't stand that long a drive.

But Mr. Cowles said, "Well, if they won't make it where they're going, I know they won't make it here, because there's nothing for them to eat. And pretty soon these springs will all dry up and there'll be nothing for them to drink either."

We had to round them up and trail them in. This was long before the days of hauling them in trucks like they do now. In the first drive, we gathered from the Lava Beds and up toward Ten Mile and the home ranch. We drove them in through Stone House Canyon and up toward Nixon. It took us about three days to make the drive over to the stock corrals at Fernley. There were just a few over eighteen hundred head in the first bunch. As soon as we got those loaded in the cars and on their way to pasture, we headed right back for another big drive, which had seventeen

hundred and thirty-five animals in the group. So that was a pretty big outfit. I'm sure we missed a lot of animals on the way.

That was one of the real dry years and everyone was suffering. The farmers had a paucity of water for their crops, not unlike the talk we have just been through this summer about how dry it was. But I really think that was a drier year than it was this year. In talking to some of the old timers, like bumping into Buck Wheeler one day, he felt that some of those years were really drier than what we have just been through. It was a prolonged drought probably from 1927 to the winter of 1936. 1935 and 1936 finally broke that string of dry years.

There were two years that, because of the severe drought, water was pumped out of Lake Tahoe; it was not running over its natural rim. One of those years was 1934. It was a dry year all over the country, right in the middle of the dust bowl era. When we finished the second drive and were loading the cattle into the cars there at Fernley, the streamlined diesel train that Southern Pacific had put out was making its maiden trip from Chicago to Oakland. There was a great lot of interest among all of us and we all wanted to be posted in a good vantage point, preferably up along the ramps of the chutes so that we could get a good look at the streamliner as it went by. The engineers would always blow the horns when they were approaching a railroad crossing or approaching a terminal point like Fernley. So everybody was able to reach a good vantage point. Al Perry made the epic statement of the day. He said, "Well, here she comes and there she goes." It was going about a hundred miles an hour, which was a little bit over the speed limit through Fernley, but it gave us just a flash look at it. It was a real experience. Following that he says, "Well, now that that's over with, we can get back to work."

Well at the termination of that drive, I came back and worked at my grandparents' and uncle's ranch there at Wadsworth on the tail end of the second crop before we put up the third crop of hay. School at the university began early in September, so on weekends I would go back down and help finish the putting up of the hay.

GARDNER SHEEHAN

Gardner Sheehan was a cowboy in Wadsworth, Nevada and a good friend of most people in town. In working on ranches, his mainstay was in training colts and getting them started. He was one of the best people in the country to take a green horse, gain his confidence, and gentle him so that he could do almost anything with him.

One of the early times that I saw him he was working at the Garaventa ranch, which was the neighboring ranch to my grandparents' and uncle's ranch, just outside of Wadsworth. It was about a two mile ride which we made often times to go visit, observe, and sometimes enter the activities around the ranch. Gardner had six colts that he was training for the Garaventa ranch, and he was amazing. He had a nice black well-built horse, with a white strip down its face and two white stockings on his hind legs, and Gardner's appraisal was that this was a good looking horse, but he says, "He's a little bit catty." That meant that the horse was very observant and was shy of quick moves. But Gardner walked right up to him with a halter, brought him out, stood him in the middle of the yard, just dropped the rope on the ground and brushed him off and curried him real well. Then he said, "I'll show you how catty and what a mean horse this pony really is." So first thing he did was to walk up to him and pet him a little bit and get down

on his hands and knees and crawl under his belly. This was something that I'm sure a lot of old timers would have frowned on, but it's something that some of the horse trainers of this day feel that you should be able to do. Then after he had crawled out the other side, he got up and walked behind the horse, spoke to him and let him know where he was. He got down on his hands and knees, crawled between his hind legs and came out between his front legs. Gardner stood up with a big grin on his face and said, "He's really wild, isn't he?" Then he saddled the horse up, put him through his paces, first with just the halter on him, and then put on a snaffle bit bridle and rode him around the yard for probably a half hour or so, having him do turns and run around in circles.

He had these six animals so well trained that the outfit that I worked at the end of my high school career bought all of these horses. This particular horse was picked out by the foreman and, I guess, one of the first things that happened was that the foreman made some kind of miscue and the horse bucked with him. He got a hold of the boss and told him that this horse had to be taken back to Gardner, that he was an outlaw. When they returned him, Gardner walked up to this horse and got him out of the trailer, looked at him and he says, "Oh man, you're mean. You shouldn't have done that to old Al Perry. He's a nice fellow." He just led him over, got out his brush and currycomb and cleaned him up real well and got his saddle, put the blanket on, put his saddle on, led the horse around a little bit, mounted him with a halter and put him through all of the paces. Gardner said the horse was gentle and well broke, but not to restrict him by putting hobbles on him or letting him know in any way that you didn't trust him. He thought that that's what happened.

When I worked out at Cowles Ranch later, this horse had gotten quite old. He was one of the good horses that was used only for short periods like in parting cattle or making short drives.

Another real amusing story about Gardner was that he hired out for a man named Wildhorse Casey, who had a corral and a small cabin on the back waters of the Carson River adjacent to the Lahontan Dam. The place was called Hootin' Wells. Casey had some horses ranging around in the area, and he hired Gardner to train some of his colts. After a month or six weeks, when Casey didn't come back with enough groceries, Gardner came riding into Wadsworth. He had his bed roll packed on one horse, and he was riding another and driving the other four. Bill Ceresola, who was one of the ranchers, was in town, saw these horses, and they really took his eye. Gardner sold these horses to him for fifty dollars a head. Of course, they weren't Gardner's horses, and a couple of days later Casey showed up in Wadsworth and traced them down. He had a little conversation with Bill Ceresola, and Bill made a deal with him; he gave Wildhorse Casey three hundred dollars for the six horses and had Gardner do some work for him to work the debt out. Everyone was satisfied. No sheriffs or law enforcement officers were called and the whole deal was settled amicably.

Gardner was a character if there ever was one. I heard in later years that he spent a couple of short terms at what he often referred to as the Carson University, better known as the Nevada State Prison for deals similar to the ones that might have occurred with selling Wildhorse Casey's horses. Some people said Gardner was a shady character and that you should stay as far away from him as possible. Another group felt that he was probably not a hundred percent trustworthy,

but that there was a lot of good in Gardner and he could sure handle horses. Among his accomplishments, he rode horses at the Madison Square Garden Rodeo and won the bronc riding championship there. He also went overseas and rode broncs at the Crystal Palace in London and also rode before the King and Queen in Paris. He said that on his tours in Europe, he felt he should go down and have an audience with the Pope. And, of course, the cowboys in the group all had a big laugh about this and felt that probably the last person in the world who would ever have an audience with the Pope would be Gardner Sheehan, but apparently he did.

He used to be a regular rider in the Nevada Bronc Riding Contest at the Reno Rodeo, and he won the championship there. He had a silver buckle that showed he had won the championship at Madison Square Garden and also this one at the Reno Rodeo. But he had a bad accident at the Reno Rodeo one year when he entered an open contest in the bronc riding. He was thrown from a horse and broke his right hip. This was repaired by Dr. Jack Sergeant, but this was in the early days of replacement therapy for hips. Although it worked quite well, he always had a very marked limp.

Later when my wife and I were going to the Nevada State Medical Association meeting which was being held in Elko, I was just about to make the turn to the Stockmen's Hotel and I stopped at the railroad crossing.

Tick said, "What are you stopping here for?"

And I said, "Well I see Gardner Sheehan walking down the street toward the Stockmen's. I want him to get inside and get lost before we confront him."

She said, "How do you know it's Gardner Sheehan from this distance?"

I said, "I could tell Gardner's walk a half a mile away. Just trust me."

So when he disappeared inside the doors, we drove over and parked in the loading zone and got out of the car. Who do you think opened the door for me to come in to confirm my reservation? It was Gardner Sheehan.

He was there working for Dr. Charles McCuskey, who had a big ranch holding in Fallon. What the business was in Elko we never did find out for sure, but he was always a person who needed as much money as he could get to quote "buy a beer". I prevailed on Gardner to wait until we got up to our room and said I would buy him a drink that would be better than a beer for him, but he was intent on borrowing \$20 from me. When I didn't give pretty quickly, he decided that he would go search for some greener pastures and left.

Dr. Bill O'Brien was one of Dr. McCuskey's students and proteges in the anaesthesia department in the L.A. area, who met Gardner. Gardner decided that Bill would be easy pickings. He waited until late in the evening when Bill was asleep, and Gardner knocked on his door. Bill took the easy way out. He was not in the mood for argument and so, in the dark, he got his wallet. He had a twenty dollar bill and a hundred dollar bill in his wallet, but he made the mistake of not turning the light on and gave Gardner the hundred instead of the twenty.

Any money that I ever loaned Gardner, which were not any real great sums, he always came back and paid me back. I know that there are a lot of people who can't say this, but I guess I was just lucky.

He was the kind of person you might see on two or three occasions in a short period of time and then never see him for several months, because he was always working at various ranches. Strangely enough, in

later years I inherited Gardner as a patient. He finally came to me in the late seventies, complaining that he was not feeling well. And he was not looking well either. After talking to him for a long while, I decided that he had some serious trouble, so I had him admitted to St. Mary's Hospital, where Dr. Bill Admirand would do an esophagoscopy and gastroscopy on him to see what kind of problems he had. Bill spent probably an hour and a half or so being mesmerized by Gardner's many tales. Bill Admirand called me up to give me a report on Gardner and his query was, "Do you know this man very well? He's a character."

Gardner had a large lesser curvature ulcer in his stomach for which Dr. Treat Cafferata and I did a rather extensive operation. The ulcer proved to be benign so we resected a great triangle of his stomach and then sewed the edges back together. He did well, but actually never really regained his old vim and vigor, never really got back to being his old self as I knew him before these things had happened. He was in his late seventies at the time.

Despite what anybody might have said in the way of criticism of him, I came to his defense on the grounds that when his father became sick and bedridden, Gardner quit his job with the Gerlach Land and Cattle Company and came in and took care of his father. He did all the laundry, changing the bed and the sheets. He would get his father up in a wheelchair, and he did a good share of the cooking for him. On occasions, when his father was on catheter drainage, Gardner asked if I would come down and change the catheters for him. This is an admirable trait in an individual. It's something that we don't see very much of these days. When his mother became ill and infirm, he did the same for her. She was living in Fallon at the time,

because their previous house in Wadsworth had burned down, and Gardner did the cooking and caring for her just like he had for his father.

He died probably in 1981 or 1982. There was a large gathering at his funeral. He's buried in the cemetery at Wadsworth. Some of his young friends and acquaintances dug the grave for him and acted as pallbearers. One of the Paiute ladies from Nixon sang a couple of songs for him at the funeral. When the people were covering the casket, one of the participants got a little bit over enthusiastic, his wallet bounced out of his shirt pocket and down into the grave. He said, "Hold it, hold it. Gardner, I'm not gonna let you have that money!" He said, "You won't need it." So he jumped down into the grave, retrieved his wallet, and then they finally covered the grave. [See Appendix.]

ADD TO THE RANCH DROUGHT STRIPS

Al Perry and I went on what is termed the outside circle, when we were gathering the cattle off the range because of the severe drought. It was hot and dry in mid-August, but he wanted to make doubly sure that people had ridden the outside canyons and not missed any strays. So finally, as we were riding back toward home, he turned around and asked me if I was thirsty. The thing that caught my ear was that I heard rattlesnakes start to rattle in every direction. Of course, horses are quite scared of snakes, especially old seasoned ones, and so Al had to get off and lead his horse the rest of the way into the spring. On his way I heard a lot of profanity and banging around, and when I finally rode up closer so that I could see, he was kicking rattlesnakes out of his way and hitting them with the romel on his reins and telling them

that they could have the water after he left, but that we were thirsty and were going to have a drink of water.

I didn't do any professional rodeoing, but I rode colts on a few occasions. Al Perry got into a hassle with a person who was riding colts and asked me if I thought I could do it. These were horses that had been started and were quite gentle. I got along with them real well. There were about five or six that he wanted me to ride. He was an old hand and felt that I wasn't doing everything that needed to be done to these horses, so he told me that he was gonna take one of these horses away from me. He had his eyes on it because it was a good going colt and was really working well, but he told me in no certain terms that I was spoiling the horse.

The next morning he was going to give me a lesson. He tied the horse to the fence and then put a pair of hobbles on him. Hobbling a horse is a training and a restraining method. Hobbles are made out of leather, heavy leather, and have either one or two rings in them with a buckle. In a sort of figure-eight fashion, you attach the buckle end with the ring around one foot and then run the loose end around the other foot and bring it back through the buckle so that it keeps the horse's front feet together and makes them stand still. Sometimes they rear up and paw with their front feet tied together, but usually they tolerate this procedure quite well. It's not a severe treatment. Actually, all horses should be trained to have hobbles put on them. It's handy if you want to get off your horse and don't have a place to tie him. Just put the hobbles on and they're quite content to stand until you come back and take them off.

I had not had to use hobbles, and I felt that this was a mistake, but I was a neophyte and had the good judgment to keep my thoughts to myself. When he got on, the horse bobbed

his head and bucked with him. I'm sure that if I hadn't run in and caught the horse, he probably would have been thrown. So he said, "Well, now you can just take him back."

I said, "Al, I don't know whether I can take him back or not. I think you spoiled him."

"I'm doing the hiring and firing," he says, "and you'll take him back."

So I did and had no trouble with the horse.

Most of my cattle handling and rodeoing was just a contest between ourselves. I know my cousin was always a good roper and competitor, and we always used to go on weekends down to the Depaoli ranch, below Wadsworth, and also to the Ceresola ranch. Those were outfits not quite as big as the Cowles outfit, but were quite successful. We had a lot of fun doing that but never any contest for money.

PETS AT THE RANCH

At the ranch in Wadsworth, all the kids had a favorite dog of their own. One of my dad's sisters who lived in Los Angeles, Mrs. Ella Caffrey, raised Airedale dogs. She sent one to my dad's twin brother, who lived in Sparks, and two to my dad, because she knew that Vernon and I were both interested in dogs. We took these dogs down to the ranch. Neither one of them had the real typical look of an Airedale; both had whiskers, but neither had docked tails and their coats were not as rough and curly as the typical Airedale.

Vernon named his dog "Duke" and I named mine "Ping". My dog was quite fleet of foot and my cousin and I and Vernon used to have great fun chasing rabbits. Old Ping—he could catch a jackrabbit every time. He was not a rough dog. He didn't kill any of them after he caught them. I guess he sort of enjoyed the sport. With two or three people to head the rabbits off when they were running

at right angles to you, they would turn back and run by the dog. He usually was pretty adept at catching them. There were many, many more rabbits in those days than there are now. Whenever any new seeding of alfalfa was made, the rabbits would eat large portions of the field adjacent to brush patches where they could hide and then come out in the evening and feed on the alfalfa. We used to arm ourselves with .22s and go up and shoot them to try to keep them away. But this is a hard way to try to stay ahead of the rabbit crop. There was always a considerable loss in the new seeding from them.

Vernon's dog Duke could not run as fast as the other one, but he was a real character. You could give him a piece of watermelon, and he would just chew this up like there was no tomorrow, and always seemed to spit out the seeds. As kids will be kids, we tried to pull some dirty tricks on him. Periodically we would feed him an onion or a potato. You could tell by looking at him that he didn't like it as well as a peach or an apple or a pear, but as long as we gave it to him, he would chew it up and swallow it. One time one of the hired men came along with a hot pepper and said, "Give him this." He ate it and this made him cry, but he got rid of the pepper. We should have been reprimanded for something like that, because that's a dirty trick to pull on anybody.

AIRMAIL

After the armistice that was signed in 1918 they flew the airmail into Reno. They had world War I biplanes still with the World War insignia on them and with the open cockpit. One of the pilots who was from here in Reno was Monte Mouton. They were very vulnerable to bad weather. One time one of these airplanes had to make a crash landing in the area east of Fernley along what is now

the interstate 80 road. This was a nice, flat, open area, but it was very boggy. The plane sort of ended up with its tail way up in the air and the nose part resting on the propeller which was about half buried in the mud. This caused quite a commotion.

UNIVERSITY OF NEVADA, RENO

This was the beginning of the depression years and there were four of us in the family: Vernon and I and my two sisters. My dad had always said that he was going to see that we all got an education. Vernon was already in college taking pre-medical courses. I sort of followed along in his footsteps.

Dr. Peter Frandsen, who was head of the biology department, was one of the people who could be quite influential in seeing that people got into medical school after graduating from the university. He was a very highly thought of individual. He had a postgraduate degree from Harvard University and from the first day of his classes, he was always a very enthusiastic speaker about continuing to look for knowledge, that following the university there were other institutes of higher learning. Harvard was always the first one he mentioned and also Johns Hopkins. One of the people that he talked about was a man named Leroy Fothergill whose home was in Carson City. He had graduated from the University of Nevada and went back to Harvard Medical School. In later years when I was in medical school, I found Dr. Fothergill was kind of a reclusive individual interested in research; he was a bacteriologist who disappeared after lecture, and I never did make contact with him at school. He was one of Hans Zinsser's assistants at Harvard and had done some excellent research work in the line of communicable diseases. Another man named John Enders who was likewise one of

Dr. Zinsser's assistants. He did a lot of work in the syphilis area and later was one of the people who grew the virus that lead to the making of the vaccine for polio.

One of the grandest and most inspiring professors in that department was a man named Philip Lehenbauer. He taught us botany the first semester, and Dr. Frandsen periodically would be talking with Dr. Lehenbauer, sort of surveying the class to see what kind of people he might inherit in the next semester in zoology. Dr. Frandsen was the prevailing instructor from then on in the various biology courses like comparative anatomy and bacteriology. The pre-med classes actually were small classes compared with what they talk about now. There were probably about 24 to 30 students in a class which I felt was not a handicap. In the engineering department they had graduate assistants helping out, but we never had that in any of the pre-medical courses. Dr. Frandsen pretty much took charge and ran the whole course in his department. He was professor and head of the department of zoology and the driving force for students to get through these courses. He was real helpful in pointing you toward medical school. Anytime that he ever wrote a letter of recommendation for a student, this carried a tremendous weight at any of the schools that he communicated with. He was a Scandinavian and had done some postgraduate work at Harvard University. He had another student named Earl Hendrickson, who graduated from Johns Hopkins Medical School and remained on the staff there. Of course, my brother Vernon Cantlon and Fred Anderson were both Harvard graduates, but when I applied he wanted me to apply to Johns Hopkins. However, I heard about the meager living conditions that students had at Hopkins and the rather ideal ones at Harvard Medical School, and since Vernon and Fred

had graduated from there, I never filled out my application to go to Hopkins.

During my courses with the pre-medical subjects, like embryology and comparative anatomy, and the various physiological courses Dr. Frandsen was always comparing me to Vernon and Fred. This, I'm sure, he felt would be a great stimulus to me to try to exceed them, but I knew that no matter how hard I tried, I was never going to achieve that goal in *his* eyes. Actually, it really turned me off in the second semester of my freshman year in zoology. He came to me at the end of the course and said, "Well, you've gotten a perfect score on your four examinations, and I have given you a perfect score on your notebook. This should entitle you to a grade of 1," he said, "I am only going to give you a 1.5 so that you will have an added stimulus to make a 1 next year."

This was a real blow to me because Vernon had been an honor roll student every semester of his four years, and I'm sure that Fred Anderson had been, too. His giving me a 1.5 in that course rather than a straight 1 kept me off the honor roll by a one-tenth percentage point. That, of course, shot me down a little bit, because I knew I could never make a perfect showing as an honor student, and it sort of left me with the feeling that I could make 1.5s and have a lot of fun on the side rather than breaking my neck to make a 1 which I probably wasn't going to do anyway.

During the senior year when I was student body president there was a nucleus of people who wanted to get rid of the president of the university, a man named Walter E. Clark, who had been president for many years and really had done an excellent job. This was cooked up by the group called Blue Key and Coffin and Keys. Leaflets were printed and distributed over the campus and

they were labeled "Toxin". As student body president, I thought it was bad judgment and couldn't go along with it. I was told that if I didn't go along with it, not to be too vocal about opposing it, because the leaflets were all printed and they were going to go out despite my non-approval. It was just trying to show a rebellious attitude or trying to get his attention and let him know that there were people who weren't one hundred percent behind him. But this was short-lived. It made the local paper and made a couple of editions of the university paper, but he went on to serve as president of the university until he became ill and died in office.

JACK DEMPSEY

At the time Jack Dempsey was living in Reno in preparation for one of his championship bouts. He lived at the Riverside Hotel and used to give talks to the Rotary Club and Kiwanis and Lions clubs. I thought it would be a great thing to have him come and address the student body at one of the sessions. We talked this over in our athletic department board meetings and in Coffin and Keys and Blue Key, and everybody said, "Well, you are just barking up the wrong tree. You never will be able to get him to come up to the student body to talk."

"I'm going to pursue this," I said, "I'm going to see some of the people who know him and see if I can meet him and ask him." So I did.

One of my former classmates named Raymond Poncia, whose father worked in the racehorse book down at the Bank Club, was a real right hand man of Jim McKay and Mr. Graham, who owned the Bank Club. They were both on a talking basis with Jack Dempsey, so I asked Ray's father if he thought this was a possibility.

He said, "Why sure it's a possibility. I'll have Bill Graham and Jim McKay talk to him about it."

So the next day I went down and he said, "When would you like to meet with Mr. Dempsey over at his room at the Riverside? Here's his name and room number and the telephone number of the Riverside." He said, "Whenever you want to, why, just call him. He knows your name and said he would be delighted to hear from you."

I called him about two o'clock the following afternoon and found him to be a most gracious and cooperative gentleman. He invited me to come up to his room and to talk to him in person rather than talk to him over the telephone. I had a delightful session with him, and he agreed to come to the next student body meeting.

He said, "I'm no great public speaker, but I'm interested in the student activities. Instead of trying to write a speech, why don't I just come and talk off-hand and give you kind of a pep talk about athletics and student affairs in general."

One of the things that he asked was, "Well, what time do you have this meeting?"

I said, "Oh, the meeting will be at 11:30 on a Thursday morning."

"Well that's fine," he said, "I won't have to shave twice. If your meeting was going to be in the afternoon, you'd have to give me a little leeway because I'd have to shave before coming." He had a very thick, black growth of whiskers.

He talked for about twelve to fifteen minutes and the student body meeting room was packed to overflowing that day, which it seldom was. Although I can't think of anything momentous that he said that day, it was a great stimulus for all of the students and was a great talking point for the rest of the year. I have a picture of his appearance

on the front steps of the education building. He only went about to the fourth or fifth grade in school, and I don't know what Katie Riegelhuth would have thought about his grammar and diction, but he talked quite fluently and was quite articulate. Anyhow all the students understood him. He was at the end of his boxing career at that time. It was following that when he got mixed up with Gene Tunney and all the arguments about the long count, when he lost his title.

ROTC

You had to take military for two years at the University. We learned to shoot a heavy-barreled, sportarized military target rifle, which was used by all the ROTC competitive teams. It was a .22 caliber rifle, and we used to shoot the .22 long rifle cartridge. I used to do a lot of practicing on weekends with my uncle who had a very similar .22. It was called a model 52 Winchester target rifle. On a couple of occasions I asked the sergeant if I could use this rifle on the targets, and he said, "Yes, you can use it whenever you want up here at the University of Nevada target facility, but in competition you have to shoot the military version of this target rifle."

The sergeant became very enamored with this model .52 Winchester, and he shot several perfect scores with it. One time I outdid myself and shot a perfect score with it. I shot on the rifle team competitively during my freshman and sophomore years. Instead of a block "N", which they gave for football, basketball, and track, they gave you a circle "N" for military. I won one of those in each my freshman and sophomore year.

Then if you wanted to continue and take advanced military, where you became an officer and put the undergrads through their drills, you would emerge with a commission

of second lieutenant in the army reserve. But, I got busy with other projects and my studies seemed to occupy more of my time, so I gave up the military.

There wasn't a big anti-war type movement on the campus at that time. Apparently in later years they had a confrontation with a lot of dissenters, and one of the people that they tried to keep off the campus one time was Governor Laxalt when he had been asked to come up and inspect the military. But this was the sentiments of the 1950s and of the 1960s. We never had any of that kind of demonstration when I was in school.

UNR LIFE AND TIMES

The student body at the university probably comprised about 800 students my first year, and the majority were from Nevada. There was a smattering of students who came from the Bay Area. A couple of them were in my pre-medical classes. One of them was a fellow named Les Tomley, who came from Hayward, California. He finished the pre-med course, but never did pursue medical school. Another person from California was Henry Rampoldi who graduated, went on to medical school, and later on practiced in the Stockton area. This being a state school we didn't have any tuition to pay other than the normal charge that you had for registration, but the out-of-state people had to pay a minimal fee.

I finally joined the SAE fraternity, and this was a good experience. My brother Vernon had been an SAE, and that probably was why I was pledged and became a member. At the end of my sophomore year, the people from the fraternity house felt that I would be a good candidate to groom for student government. In my junior year I was elected student body treasurer, and then the following year I was elected student body president, which were

actually great honors. In student office, you also belonged to organizations like Blue Key and Coffin and Keys, which were said to be honor organizations, but actually were politically oriented to help in running student government.

As student body treasurer, it was my duty to sit in the registrar's office and collect a ten dollar fee from all the students and to issue them a registration card which gave them the privilege to attend all of the athletic contests. In addition to this, after each football or basketball game or track meet, I had to take all the proceeds—two or three sacks full of coins and greenbacks—and take them down to the First National Bank depository. It was safe to step out of my car and just walk across the sidewalk with these three money bags to drop them in the depository.

During my year as treasurer, we got an athletic manager whose name was Bernard Hartung. He was a graduate of the university and had accepted this job collecting game proceeds as a paid position.

We had an athletic board of which I was a member and Bernard Hartung was a member. Dr. Martie, who was head of the athletic department, was a member, and Dean Adams, who was president of the College of Arts and Sciences and head of the chemistry department, was a member. The other member was Chet Scranton, who was head of the P.E. department. This board met at least once a week. If any problem came up, we would meet at the call of either Dr. Martie or Bernard. These were usually night meetings, which you could refer to as an extra duty connected with your job of being treasurer or student body president, but it was pretty much routine.

A little chore that added more to activities than the meetings in connection with being an officer of student government was milking.

There were four members in my family and to bolster the income that got all of us through college and through medical school, my dad decided that we would have a neighborhood dairy, which meant milking the cows morning and night.

I lived at home. We used to commute to Reno on the streetcar line. Later they sort of abandoned the streetcar line and put in a bus. We had to be at P.E. or at the military classes by seven thirty a.m. We would get off at Fourth and University Avenue (it is now called Center Street,) but then we had ample time to walk up to the university and get into our military uniform or change into our gym suits for P.E. It did mean, though that you had to be up at an early hour to milk the cows and get the milk bottled and distributed before you caught the seven o'clock a.m. bus.

We started out with five cows and we expanded, so at the end of the session when we finally decided to get rid of them all, we were milking about ten. We had a pretty good milk distributing system around our neighborhood in Sparks, and it helped us all get through college.

I was not really cognizant of the depression until my first year in medical school when that really came home loud and clear. When I was accepted and making arrangements to go to medical school, my dad had borrowed some money which was supposed to be enough to see me through for the four years and had deposited it in the Bank of Sparks. That was one of Mr. Wingfield's banks which went broke. I hadn't been in Boston at medical school for very long when I wrote a check to one of the bookstores and this check was returned with a stamp on the back of it labeled "Bank Holiday" and the check was only for, I think, in the neighborhood of about twenty dollars, so it was no big deal. But when the man who ran this bookstore showed it to me,

I was unfamiliar with this term. I hadn't heard anything about the banks closing, so I said, "Well, just submit it again."

The man who ran the bookstore was Charlie Broadbent, and he was the favorite of the majority of the students. His store was right close to the medical school, and one day he showed me this check that had been labeled "Bank Holiday". While we were waiting for that one to go through again, why, another came that was also labeled "Bank Holiday". I went back to the dormitory and called my dad on the telephone to find out what the problem was. He apprised me that all of the Wingfield banks had closed and that our money had been frozen. I asked him if he wanted me to come home and he said, "No. Stay right where you are. I'm in the process now of opening an account for you at Dick Kirman's bank in Reno," which was the predecessor of the present First Interstate Bank. In later years my dad said that he had been able to recover about 80% of the money that was in the Bank of Sparks that had closed.

Earl Hendrickson, who was mentioned earlier, went to Johns Hopkins and finally wound up very high in the department of gynecology at Johns Hopkins. He was on the staff for a long time, wrote many papers in the early use of replacement estrogen therapy. He was invited to come out to speak at a Reno Surgical Society meeting. Having been raised here, he felt he had a little insight into gambling. His wife became a real addict in her first twenty-four hours here in Reno. She took a few lessons from Pappy Smith at Harold's Club and he gave her a few pointers about playing 21 and throwing the dice on the tables. She had won something like seven or eight hundred dollars. Earl was just about tearing the remains of his hair out, because we were due to go to a banquet over at the Riverside Hotel and he couldn't get her away from the

tables. Her remarks were that he worked all day long to make a few bucks, and she says, "Here, I sit enjoying myself, and I've won eight hundred dollars."

He finally convinced her that it was time to leave, that we would just about make the banquet by the deadline time if we left then. As she was going out the door, she put a quarter in a 25 cent slot machine and won a forty-eight dollar jackpot. "Beginner's luck," he said. "She probably will insist on flying across the country to come out and try her luck again."

Peter Frandsen was a very stimulating professor, always bringing forth the old axiom that you had to apply yourself and pay attention to details. Although a lot of our studies were sort of cut and dried, as he put it, there was always a lot of room for individual thoughts and ways to better yourself. Although he had his ways, he was not averse to letting people make suggestions about different ways of doing things.

His main sphere of influence was having done graduate work at Harvard University and Medical School, where he had been extremely well thought of. Also, he had referred students there who had proved themselves as outstanding scholars and that gave him a lot of weight in his recommendations for his students. Fred Anderson, for instance, went first as a Rhodes scholar to England, and when he asked for advice, Dr. Frandsen suggested that he finish his medical training at Harvard University. Fred was accepted, of course, with flying colors. Also my brother Vernon was accepted, and both of them were outstanding students. They were both honor roll students here at the university and Vernon was quite active in athletics and student government. He was a good speaker and Dr. Frandsen suggested that both he and Fred talk to some of the high schools. They came to the student

body in Sparks to praise the various courses that were available at the university. A good majority of the students were of a serious and industrious caliber who had come to the university with a goal in mind, and as a whole were probably a cut above the average.

Dr. Frandsen was not an imposing individual. He was in the neighborhood of six feet tall, had rather receding light brown hair and he was, more or less, a gangly individual. He was certainly on the thin side and quite active. When he walked on the campus, he always walked in a brisk fashion that people referred to as not letting any grass grow under his feet; he was pretty generally on the move.

He was quite gregarious. He knew all the students by their name and could call on anyone at anytime and was quite accurate in putting names and faces together. On several of the administrative boards in the professional level, he was quite helpful in his constructive criticism. We felt that we were extremely fortunate in having a man of his caliber as a guiding light.

The botany professor Phillip Lehenbauer was an individual quite like Dr. Frandsen—extremely well educated and an excellent teacher. Dr. Haseman, head of the mathematics department, and Dr. Bixby head of the physics department, were excellent people. An interesting set of people were “Geology Jones”, who was head of the geology department, and Dr. Vincent Gianella, the head seismologist at the school, who had national exposure. Interestingly enough, Dr. Gianella built the house that we are sitting in at this moment in about 1932, and he built this house the same way he tried to inform his students, and that was from the ground up. He would come by to visit with us and told me that there were more yards of cement in the foundation of this house than there were in the foundation of the El Cortez Hotel. He said, “Tell Katherine

that in the event of a severe earthquake, if that house goes down, there will be no other buildings in Reno that are standing up and tell her that this house has a bolted roof on it, so she will still have a roof over her head.”

Most of the zoology classes were in the agricultural building, which still stands and was one of the original buildings on campus. The English courses were taught, some in the education building and some in a smaller building which, I think, now has been torn down. We had classes in Stewart Hall for languages and in Morrill Hall.

I took a filler course called Latin 41 and the professor was a delightful man named Dr. J.E. Church. Students thought all you had to do was to be present at a majority of the lectures, and Dr. Church was such a kindly man that he would give you a passing grade. But he was such an inspiring individual I wanted to take advantage of his advice and his recommended readings. And I think I put in more hours studying and reading and going to the library. An hour filler course used up more of my time than a good many of the courses that I was taking. But he knew his subject and he gave slide lectures in most of his classes. He always rode a bicycle to school, and was a wiry individual much like the description that we gave of Dr. Frandsen. Dr. Church was the one who instigated the snow survey up in the Sierras and would take on a crew of students on weekends to measure the snow depth.

COLLEGE JOBS

At the end of my second year at the university, I got one of the best jobs that one could ever hope to have, as a service station attendant. Edward T. George had a Shell service station on the corner of 15th and B Street in Sparks which was on the main east-

west roadway. It was a very busy station. This job was a lot more than just pumping gasoline. You had to repair tires, grease cars, change the oil in them.

He was quite a race horse enthusiast. They always had a six-weeks thoroughbred meet at what is now our fairgrounds, and he was a regular attendant. I would go to work at 8:00 in the morning and shortly after I arrived, he would say that he was going down to get the mail. Then he would come back around 11:00, just check in momentarily to see that everything was going well, and say, "Well, I'll see you later." Off to the races he would go. One time he came back about 9:00 at night, and I was busy. There were two or three cars needing gasoline and one person who needed to have a tire repaired. He was there long enough to tell me to fix the tire while he took care of the gasoline customer, and then as he was leaving again he said, "Well, why don't you close up whenever business slacks off and no more cars show up for service?" That night I finally closed at about midnight. It had been a long day but also a lucrative one because he was paying me fifty cents an hour and that was a real good hourly wage. The next morning when I came to work, he asked me if I would mind coming to work at six o'clock in the morning, because he had heard that there was a lot of through traffic in the morning. I always ate a good breakfast before I went to work, but lunch and dinner were sometimes wanting. A man who had a bakery delivery route used to stop by for gasoline and made it a routine to come by around the noon hour. He had some excellent pastries and that was lunch. By my hiring a friend of mine named Cliff Devine to substitute for me, I would get a meal at home.

I worked at the station on weekends, if he needed me, during the school year and usually one or two nights a week for him. After the

summer traffic had sort of slowed down, evenings weren't too busy, usually only two or three hours' work. I was always able to close by nine o'clock in the evening, which left me ample time to get home and study.

I had made a good sum of money that summer and when I went back to school I was able to buy a Model A Ford Coupe from a fraternity brother who was from Nebraska and had apparently come out for a divorce. He had this Ford Coupe which was in excellent condition and apparently needed some money, so he offered it for \$350. And I had the ready cash, but I had the good sense to consult with my dad about this and he gave me some very good advice. He said, "Make sure that he has a clear title to this car because, if he has been buying it on a payment schedule, you may well be responsible for making payments and be in a lot more than your \$350 down payment. Take it down to one of the mechanics down at the Ford agency to be sure there weren't any mechanical difficulties." I cleared all those hurdles and got this Ford that had about 13,000 miles on it. It was practically new and was real convenient, because I could drive myself back and forth to school. Also, I was able to repay Jerry Poncia and Norman Blundell for the many times that their families had let them have the family cars to pick up students to go to school.

Another side light from that particular job: there was a man who ran the Southern Pacific stockyards, Slim Yarbrough, an old cowboy who used to come over and buy gasoline. He found that I had some experience with riding horses, and he told me they were rounding up a lot of range horses at the ranches that Neil and Hi West owned out by Tule Peak, just west of Pyramid Lake. Neil West owned what was known as the TH Ranch, which my sister and brother-in-law now own. And the other one was called the Big Canyon Ranch which the

Capurros now own. "These horses are going to be coming down through the stockyards here," he said. "If they are loaded in Fernley, they are going to have to be unloaded here in Reno to be fed and watered before they make the trip over the mountain to California." Probably the majority were going to go to the chicken feed operations and packing plants around the Santa Rosa area, but there were a lot of real good horses in these gatherings. Several people in the valley who had livestock interests would come to the stockyards and examine these horses. Before buying, they wanted to see them ridden to see what kind of dispositions they had. So Slim would come over and alert me. I would get a hold of Cliff Devine to run the service station and I'd drive over to the stockyard which was only about three or four blocks from the service station. He would have the horses all saddled up. I would get on behind his horse and then slip off onto a horse, and some of them put on a pretty good show. Most of the time I was riding them in a pair of coveralls and with a Shell Oil cap on instead of a Stetson. But, I guess I demonstrated them to these people's satisfaction, because every one that I tried out the people bought. He would pay me \$5 for riding the horse, and he was collecting \$10 from the people who wanted to buy them. That, plus the money that I made at the service station, really augmented the pocketbook.

I bought two horses for my own use, and they were both dandies. The price was right: fifteen dollars each and no worry about having to have any bill of sale. They were branded horses and well bred. One of them was a little sorrel horse with a striped face and a couple of white stockings behind, a classy looking little horse. Tick rode him a lot. He became real gentle and trustworthy and she got along with him real well. The other one was more of a standard bred type of horse, tall and rangy,

built more on the thoroughbred lines, and he was cranky. He would buck almost every time you got on him. Although I was able to handle him all right, when it came time for me to go to medical school, I gave this horse to my good friend Red Welch, who had a ranch up north of Gerlach. If he had a rest for nine months while I was away at school, he probably would be too much horse for me when I came back.

RED WELCH

Actually his name was John T. Welch, a fellow in his early thirties, very husky and good looking. He had real red hair, so, we nicknamed him Red. My cousin had a horse for him, so we borrowed a truck from a good friend here in Reno named Joe Richardson, and we took these two horses up to Gerlach. Red was delighted to have them. He was short of horses like most people; there were a lot of horses around, but not usable horses. He had recently acquired this little ranch on a place called Nigger Creek [now called Negro Creek], which is about thirty miles north of Gerlach, and ran a little bunch of cattle up there. This really helped him out, and I'm sure kept both my cousin and I out of a lot of trouble trying to deal with a couple horses that might have been too much for us when we came back in the Spring.

He had come to this country from Idaho, and he was one of seven or eight members in a large family. He had saddled up a horse, put his bed roll on a pack horse and come South to look for employment. Having come through Susanville—and he wasn't very taken with that country—he later arrived at the ranch in Wadsworth and was taken in by my grandparents and uncle and aunt. They corralled his horses and gave him a place to stay overnight and fed him. My uncle told

him to go down and talk to Bill Ceresola. He and his brother, Fred, owned a large cattle operation in Wadsworth and had range north of Wadsworth in the Virginia Mountains. Their main camp was at Rodeo Creek which was on the way to Gerlach. Bill Ceresola gave him a job, and he worked for them for probably seven or eight years and was always considered a very capable and dependable individual. This was in 1921, and one of my early acquaintances with him was when Vernon and my cousin John Mariani and I and my uncle went to a place called the Hill Ranch to visit him. My uncle was an expert marksman, and he could hold his own with anyone in these parts with a shotgun or a rifle or a pistol. He brought his .22 Woodsman pistol with him, and at first they shot a few targets, but then Red wasn't doing very well with his .22 Woodsman, so he disappeared into the house and came out with a single action .32-20 colt. The gun had been used considerably; a good share of the bluing had been worn off. He let my uncle examine it, while he brought out a playing card and tacked this onto the trunk of a cottonwood tree that was across the yard, about twenty or twenty-five steps away. One of the tricks that gun slingers and cowboys always tried to emulate was seeing if they could hit the heart on a playing card at various paces away.

My uncle handed him this firearm and said, "Well show us how you do it, Red."

Red smiled a little bit. He didn't go through any of the fanfare, but he held the gun up and sighted over it and pulled the trigger and to everyone's amazement, he put this bullet right through the heart. He wanted the rest of us to shoot this gun, but we were all a little bit intimidated by this exhibition. He nonchalantly took out the empty and put in another shell and said, "Well we'd better put

this away." He said, "This is not a play thing." He stayed down there during the winter and apparently fed the cattle for the Ceresolas.

The following year when I was about fifteen and helping with the chores down at the ranch and haying, Vernon had a job chauffeuring Dr. Pickard (John Everett), who was a family practitioner in Reno. This was one of his early introductions to medicine and one of the stimuli for him to continue. On a Sunday we were down at the ranch and the conversation turned toward Red Welch. My uncle said that he was at the cow camp out in the Fox Mountain area which you approach by going through Rodeo Creek. This apparently is a western pronunciation of this word. When it connotes a camp or a creek, they pronounce it "Rodeer" rather than Rodeo. We planned to go out there when the sagehen season opened, use the line cabin to do our cooking, and Red would show us where the sagehen were. We looked forward to this for the next month or six weeks, and finally we loaded all our belongings and hunting gear into a Dodge screen truck that my uncle had embarked on our sagehen hunting trip.

On the way, my uncle stopped by another of the Ceresola line camps where an old timer named Jim Merritt was holding the fort. He was well along in years and really kept us interested by telling us about the White and Indian wars. He apparently was one of the few survivors of the Paiute wipe out of Major Ormsby and his troops. He wasn't old enough to do any of the fighting, but he said, "You can tell because I'm here that I was old enough to do a good bit of running."

He first asked my uncle what month this was and my uncle told him it was August. So, he went over and turned the calendar over so it showed August, and then he said, "Well, what day is it?"

Sagehen season opened the third week in August, so, he told him what day it was and Jim put a mark on the date with a crayon.

Then he looked at my uncle and said, "Johnny, what time is it?"

So, my uncle got his watch out and told him the time.

Jim's answer was, "Well, I guess it doesn't matter much. I thought it was getting about that time by looking at the sun."

So, he decided that he would like to make the trip with us, but he said, "I have to go down and unharness my team." He had been mowing the meadow hay and decided this could easily wait a few days. He unharnessed a bronco mule and a work horse that he used as a team. He just turned them out in the field and said, "Well we can go now anytime you're ready to go."

The road was a dirt road from Nixon to Gerlach and it turned off in the same area that the road is today, although it was not nearly as well graded as it is now. We negotiated that road without any trouble, but when we went into the cabin there, we found Red was staying up at the upper camp, which was another seven or eight miles up a rather precarious road for automobile travel. The Ceresolas used to supply the camp with a wagon and a four mule team because they said that it was too hard to negotiate with just one team of horses. But we proceeded, because my uncle was an excellent driver. He could go almost anywhere with a two-wheel drive automobile that most people would need a four-wheel drive to negotiate. We found Red at a camp up high on the mountain that they called Coyote. There were two large poll corrals that they used for gathering and separating the cattle, all made out of long Juniper trees that had been put in the ground vertically and held together with steel cables that I imagine

had come from the early mining camps. The cabin had a bedroom on one end and a large area in the middle, with a large table, where apparently they fed the crew when they were gathering cattle. There was a cook stove at the other end with a wood box and a couple of water buckets sitting on a bench near a sink for dish washing. It actually was a very well set up and very workable cabin. There was an excellent spring about twenty to twenty-five yards from the entrance to the cabin which was well boxed off so that the wind wouldn't blow dust and debris into the spring. After it ran through the box, it went on its way down the canyon.

One of our first jobs was to go down and get a couple extra buckets of water. On our way we bumped into a covey of mountain quail. This was my first introduction to mountain quail and I didn't know what they were until we came back and described them. Red said those were his pets and please do not shoot any. We found that sagehen were coming in to water along the creek, but nobody made any effort to do any shooting that evening. We waited until the next morning, and then everybody loaded up and went out for sagehen license except Jim Merritt and Red Welch who were guides. Each person with a license could have taken ten birds. After each of us had gotten our legal limit, Jim Merritt decided that he liked to eat sagehen too and also, that we should take a few extra and leave them for Red, who was an expert at frying sagehen for breakfast. This was a banner year and we repeated this trip for the next three or four years that Red was working for them.

Around Thanksgiving Red came by and asked my uncle if he could leave his bed roll and his saddle and gear there because he was leaving the Ceresola place and going on a visit. He wanted to go up to Idaho to visit for

a few days before he worked any longer. We tried to talk him into staying for dinner, but he found that he could make it into Reno on the Stage if he got into Wadsworth real soon. The next that we saw of him was when he came back and he went to work for the Cowles outfit which was the one that my cousin and I worked for during my junior and senior year in high school. He worked for the Cowles outfit for four or five years and then decided that he was going to branch out and get an outfit of his own. He bought a little ranch up on Nigger Creek which was about 30 miles north of Gerlach.

He had a couple of consultations with my uncle about this property that was for sale, a nice little mountain ranch that had alfalfa planted in the fields and the fences were intact. It wasn't a big place. It probably encompassed maybe 160 acres all told, with only about twenty acres under cultivation. That satisfied Red, because it had a good house and a couple of good wells and the corrals were all intact. It had a good blacksmith shop with a forge and an anvil and a lot of tools, and I'm sure the price was right. The people who sold it to him were elderly and no longer able to handle it themselves. So, it made a good deal for everyone.

Red became a life-long friend and we had many excursions up to his place there at Nigger Creek. We used to go sagehen hunting in the summertime, and we always went up there deer hunting. He was always most generous, and we used his house as headquarters for sleeping and cooking. He had a good place to hang animals, and he also had horses available to go on these deer hunts. He was a real cowboy who did a lot of riding. He knew where the game was which really helped out a lot.

All of us corresponded with him throughout his lifetime. Red was a remarkable

individual in that he had one of the best memories of anyone that I know. One example was that he knew the birth dates of all of us kids and also of all of the kids' offspring. He knew the dates of everyone's anniversaries. When I asked him if he wrote these down, or had a list of them somewhere, he looked at me and kind of smiled, and he says, "No. I just like to remember dates."

Red was a long-lifer, and he lived until after his eighty-eighth birthday. He remained at the place at Nigger Creek. He told us one story after a lot of persuasion and our having heard rumors about it. He had gone into Gerlach one evening, a year or so after he had arrived, and was in a saloon. Everybody was rounding up cattle and there was a lot of activity around the place. When Red walked in and said that he would like to have a drink, the bartender made the mistake of telling him that he was being too noisy and acting like a college kid. Apparently the bartender had mistaken him for somebody else and this really rubbed Red the wrong way. He just reached into his belt and pulled out the six shooter that he drilled the heart out of the card with and fired a shot at this bartender. In telling us about this later on he said, "You know, that was a terrible thing to do. I might of hit him. But I really wanted to scare him so I shot between his arm and his body." There was a hole through the bartender's shirt close to his chest, but he wasn't hit. Somebody told Red that they saw this bartender in Reno the next day and couldn't figure out how he made the trip that fast. Following that, he said, everybody treated him with respect. They were all polite and businesslike.

Red was a very close-mouthed individual. He liked to talk about things he wanted to talk about. He never discussed his family at any length. He had a sister that was living in Susanville and a brother who owned a hardware store and a lumber business in

Truckee. I said, "Well, when did you see them last?"

His answer was, "I can't remember. They mind their business and I mind mine. We're not a close-knit family." He was never married.

Maude McGinnis was known as the mayor of Gerlach. I don't know whether she had any formal training, she was a practical nurse and had done midwifery in Gerlach. She and her husband owned a saloon in Gerlach, one of the popular ones, and she really brooked no nonsense with any of the patrons. One time there was a little ruckus in the saloon and she picked up a billiard cue that she had cut in two and dealt one of these people a lick over the shoulder with it. He started to say something, wherewith she delivered another lick over his head and said, "Now the front door is that way. If you don't want to get hit again, I suggest that you go on your hands and knees and don't stop until you get off of the porch."

Maude was a patient of mine after I came back to practice and she and Red had gone into partnership on a little bunch of cattle her family had on a little ranch over on Duck Flat, in order to increase the herd a little bit. She came into my office one day and said, "Would you do me a favor? Would you ask Red a question for me?"

I said, "Why don't you ask him?"

"Well, because I'm sure that he wouldn't tell me the answer to this question."

"I know he wouldn't tell me either," I said. "Let's not even ask him."

You had to confront Red directly and if he felt in the mood to answer he would. If he didn't, he was polite; he would not rebuff you but he would merely change the subject and talk about something else. So, you got the message that you were not to pursue that line of thought any further.

After my first year in medical school, during the height of the depression, when

I came home for the summer, why, my dad advised me to go get my saddle and bed roll and said, "Go out and spend a month or six weeks with your friend Red out in Gerlach, because there aren't any jobs around Reno that I want you to be involved with. The best job that you could get over at the railroad shops would be wiping engines, making thirteen cents an hour. You'd never earn enough to keep your clothes clean."

I had written to Red that I would be home sometime toward the end of May or early June and wanted to come out and see him. Although I never got an answer, I knew I would be welcome. The afternoon that I arrived, we talked long into the evening about various things. Then just before going to bed, he asked if I wanted to be the cook or to gather the saddle horses the next morning. I opted to get the horses in. He watched me saddle my old horse up. I think that horse remembered me and I had no trouble catching him or putting the saddle on, but I was quite careful with him because I knew he was not a horse to be careless with.

After I got into the saddle, Red said, "Well, you just go out this north gate and ride around the fence line and you'll find the horses, probably a couple miles down a little flat by the spring." As we were heading toward the gate, he turned to me and said, "Let's see you just jump that horse out."

So I thought nothing of it. I just gave the horse a loose reign and nudged him, and he really tore out of there. We left Red in the lurch by the gate. When he caught up, he sort of smiled at me and said, "That's the first time I've ever seen that horse jump out that way that he didn't duck his head and really try to unload somebody."

I was on my guard while I found the horses, and then on the way home I don't know what happened to this horse. I guess he

was just wanting to keep me on guard because on a real rocky side hill, for no good reason at all, he let out a loud snort and just bogged his head and really started to buck.

I decided I better ride him, because it was a long walk back home. I had a pair of leather hobbles on my saddle. So, I reached down and unbuckled those and gave him a wallop over the shoulder. He made about three or four more jumps, raised his head up, turned around and looked at me, and I think I got the message: not to do anything foolish like trying to lick him when he wanted to buck.

When we got back home, we had breakfast and then decided we'd take a ride. We rode to the top of one of the high mountains to the north of his ranch, about ten or twelve miles away. He never said a word the whole time that we were riding. We got up to the top of this hill and dismounted. We walked around and he pointed in one direction, "Over that mountain, the ground that you see is in California." And then he pointed in another direction, "And those mountains up there are in Oregon. And my place is down in that canyon. Sure is a lot of fresh air up here, isn't there?" We rode all the way home and that was the extent of the conversation going and coming.

He came into my office one time wondering if he had an ulcer. I took a very careful history on him and examined him; he wasn't tender in the area of an ulcer. But he had had a bad spring. His house burned down and after a heavy winter he had a lot of runoff and lost several of the newborn calves; either they had been bedded down and gotten wet during the night or had fallen into the creeks.

He had been trying to keep the cattle away from where the water was running and was riding up a narrow trail. With the washout underneath, the trail gave way and his horse slipped into a wash with steep banks about

the height of the horse. He knew that he was in a precarious state, because every time his stirrups would rub on the bank, it would scare the horse.

He apparently got off his horse to lead, but the horse spooked and ran past Red squeezing him between the horse and the bank. This is what apparently had given him this pain in his lower chest and upper abdomen. If he had told me about that episode beforehand, I probably would have picked up the diagnosis quicker.

"Well Red, I'm sure you've had enough trouble this spring that you ought to have an ulcer. So, let's send you over to get some x-rays."

We made the arrangements with the radiologist Dr. Morton Thorpe. At the time, his office was in the Masonic Building which was catty-corner to where our office was in the Medical Dental Building. Mort took an x-ray of Red's chest, a routine procedure when a G.I. series is done. After he had completed the fluoroscopic examination and taken some x-rays, he called me. In those days you could get answers to examinations a little quicker than in later years when more people and more tests were involved. He said that the G.I. series had not shown any sign of any gastritis or ulcer, but that he had three fractured ribs on his right side.

I saw Red a couple hours later and told him the news. He smiled and lit a cigarette and said, "Well, then I can go home today. I've had fractured ribs before. I can get along with them."

So, he started doing his ranch work as usual. It must have been pretty uncomfortable for him to ride, but he seemed to pay no attention to it. He was tough in that respect.

To add to it, he decided that when he replaced his house he wanted to have a basement underneath to store things and have a cool spot. He got an old scraper and

hitched it to a couple of renegade horses. The ground in that area was wet down to a certain extent, but beyond the wet, it was quite firm and rocky. He said it was quite a job running that scraper because every time it would hit a hard spot on one side, why, the lever on the scraper would swing around and kept his broken ribs pretty sore while he was making that excavation. He finally got this done and then just to complicate matters, they had a real good cloud burst that filled up his excavation. He had to wait about three weeks for it to dry out, and then had to dig it all out again.

He bought the lumber for his house from Ray Peterson, who had been in the lumber business for many years and was sort of half a cowboy himself. He hired a carpenter from Gerlach who did a real good job. He helped him pour the concrete for the foundation and framed the house up, but at that stage of the game, Red and the carpenter had some disagreements over what to do next. So, the building sort of stopped.

Vernon and his wife Louise and Bryce Rhodes and his wife Cornie went out for deer hunting and when they got there, they found out it had a roof on it and the frame was all put up. All the material was there, but the wind was blowing through the house in any and all directions because there had been no siding put on it. So, they postponed the deer hunt a couple of days and put on the necessary finishing touches, including all the asbestos shingles. A couple of young neighbors from over in Gerlach came out, and together they did a pretty reasonable job of making the house fairly airtight before the onset of winter. Meanwhile, Red lived mainly in a tent and cooked over an open fire using a Dutch oven.

Red's place was north of Gerlach. You go up over the road heading sort of easterly from Gerlach, as if going to Soldier Meadows, and then you turn off and go westerly. The

other road goes toward Donnelly and Soldier Meadows. Out across the Black Rock Desert, you come past a jewel of a place called the Granite Ranch which is on the east side of Granite Mountain. It has excellent water and I think that John Casey's ex-wife owns that now. Then there's a ranch called the Fly Ranch and another ranch that had been homesteaded by the Heward family, which has now pretty much gone back to sagebrush. You continue northwesterly through a place called Red Mountain Creek and then go up to this little ranch on Nigger Creek.

It's hidden away, but he was a loner and it didn't seem to bother him. He got tired of visitors real quickly and when he did, why, he let them know. If he ever came into town, he would stay maybe two or three days at the most and then had to get back to that place. He always had something that hadn't been done for years that he had to take care of when he got back home.

Over the years, he had a lot of visitors. Jim Herz used to love to go up there. He and Buck Wheeler went up there once and visited Red. Red had a nephew, Fred Welch, who lives in Lovelock and works in the trucking business. He and his wife owned a big double rigged trailer and used to transport stuff all over the United States. I remember in 1988 or 1989 they were going to have a family reunion in Lovelock consisting mainly of the people who were more his nephew's age, because all of Red's brothers and sisters had passed on by then. Red was invited and welcome, but because there weren't many people his age there, it was kind of a disappointment to him. He stayed until the Sunday afternoon lunch and then headed back to his place. His nephew said, "Will you let us know whether you made it all right or not?"

And Red replied, "Oh, I'll make it. There's nothing to worry about."

Well, there had been a series of forest fires in the Sierra and north of Winnemucca and over in Elko along with volcanic eruptions in the Philippines and down in Mexico, so the atmosphere was real smoky. Well, Red made a wrong turn. Instead of taking the left hand fork, he took the right hand fork which took him toward a camp that the armored car division had set up called Stone House in the mountains to the north of Lovelock, but sort of northeasterly toward the Seven Troughs Mountains. Apparently the winter storms had really torn the road up—it's not a good road at best—and he got his truck stuck. There was a cow camp out there and he started to walk toward it. He probably walked a couple of miles and collapsed. And they had quite a wide search for him and didn't find him for a couple of days. I guess a two mile walk uphill and not real good walking conditions, for a guy who was eighty-eight and a half, was enough to do him in.

Before he died, for his eighty-eighth birthday party, they held a party at Bruno's restaurant there in Gerlach. Bruno put on a great feed and made a great big birthday cake for him. A good representation from Reno went out there: Ann Louise and her husband, Bob Britton, Louise and Cornie, Marchand Pike, Marshal Guisti, and Barbara and Cliff Anderson and the Gandolfo family and their relatives who had known him over the years. They were nephews to my uncle John's wife Michelina. Everybody had taken part in the hilarity and were pretty well fortified. Right after dinner Red took me to the bar. He drank bourbon and seven up and I drank bourbon and soda. We clicked our glasses together, and he made the epic statement of the night. He said, "You know in the bible it says that bread is the staff of life. That's wrong. This is the staff of life. I was one member of a large family. They were all teetotalers and church-

goers and reformers and you name it. I never conformed to any of it. I drank and smoked and lived my own life, and I outlived the whole damn bunch of them."

Gardner Sheehan and Red knew each other well enough for Gardner to be careful of Red's pride and independence. For example, those were the arrangements he made to give Red a horse. "I know that Red is short of horses," he said to me, "So I'm going to give you this horse and then if you want you can give it to Red." So, he looked around and finally one day he called me to come down and try out a horse. He was just what Gardner said—a good horse, well-built, about eight years old, and he was well broke.

When we decided to deliver this horse, I asked Gardner if he would like to go.

He said, "Well, I'm kind of strapped here with my dad being in bed, but let me see if I can find one of my relatives down in Fallon who'll come and stay for a day."

So, a few days later he called and said that he could go. My brother-in-law, Shorty Rose, and Gardner and I borrowed a stock truck from Eddy Ferris, who was another good friend of mine, and delivered this horse out to Red.

It was sort of amusing. When we arrived on the scene, why Red came over and helped us get the horse out of the truck, which was no problem because there was a good ramp on one side of the truck—a gate that turned down as a ramp—and the horse was quite familiar with that. I led the horse out to Red and asked him what he thought of him. He was sort of noncommittal to begin with. In his usual quiet way, he said, "Well, he's a good looking horse, but the thing about horses is, it's more what they can do than what they look like. A fellow's going to have to try him out and find those things out for himself." I sort of glanced toward Gardner, and he was

about to extol all the good points of the horse, but I sort of let him know by body English that he wasn't to say too much about this horse.

"Well, Red," I said, "you've been a long-time friend, and I know that you're short of horses out here. We finally looked around for a long time and located this one and he's yours. Don't be too critical of him until you get to really assess him."

"Well, you didn't need to do this," he said. "If I felt I needed a horse, I guess I could have rounded one up for myself." But he thanked us and he said, "Next couple of days, if I have something to do, why, I'll try him out. Then I'll let you know what I think of him."

After that we all went up to the house. Shorty Rose, as we call my brother-in-law, who was about six feet four inches, was a good cook, and he and Red got together to make a good meal. We had brought some provisions out with us and Red had some of the staples. Gardner talked him into making some sourdough biscuits, at which he was a past master, and, gee, those sourdough biscuits and butter and gravy were really something to remember. But the highlight of the evening was after dinner. After we had cleaned up the dishes, we sat around and visited. Gardner was a great story teller, one of those people that, when he ran out of actual experiences, he would just carry right on and fabricate stories, and you never knew when the change came. Way past everybody's bedtime, Gardner got up and asked Red if he had a thin pie plate. Red produced one and then Gardner said, "Now have you got a matchbox." Next he wanted a highball glass and an egg.

Gardner said, "Now I'm gonna make you guys a bet. I'm gonna put this glass of water down, and I'm gonna put this pie plate over the top of it, and stand this egg on the top of the matchbox. Now I'm gonna bet you that I

can put that egg in that glass of water without even touching it."

We were all a little bit mesmerized and a little bit skeptical. Red came forth with a good assessment of what he thought about Gardner, "You mean you're gonna show us how you do that, and you're not going to charge us for it?"

Gardner said, "I know you guys don't think it can be done, so if you want to put a little money up on it, why, we can make a few bets."

He set this little trick up on the edge of the table, and he was standing on the whisks of a broom, moving it back and forth. He stood on the bristles and drew this broom handle back and let it go. Of course, it hit the pie plate and it knocked it out of the way along with it the matchbox, and the egg dropped right into this full glass of water. "There," he said, "I'd like to see you guys do that."

Red says, "Can you do it again?"

And Gardner said, "Ah hell, Red, I could do it all night long."

At one of the White Hat parties one time I showed this trick to the membership. Later Bryce Rhodes was back at one of the big hotels in Chicago on some kind of legal convention and our good friend Carl Ravazza, who was an entertainer, was on the program. Carl got up and sang a few songs and really got the audience going, and then, right out of the blue sky he says, "You know one of my western friends from Reno, Nevada, is here and has a most unusual trick. I'm going to get him to come up here on the stage and perform this trick for you."

Bryce said, "My god. I almost fainted. I was so scared that I could hardly get out of my seat to get up there on that stage. I was so nervous and scared that I was going to fail in this trick," he said, "that I didn't do the audience justice by getting up and making a little speech. I merely told them

that this was one of the ways that gamblers and tricksters in the western country added to their pocket money.” Carl asked for a roll of drums and then complete silence. Bryce pulled this broom handle back and let it go, and it worked perfectly. The egg dropped right into the highball glass, and it really brought the house down.

A real estate man, Fred Chez, whose headquarters are in the San Jose area, came up and bought the ranch from Red Welch probably four or five years before Red died. He moved a trailer home in, and he lived in the trailer home. He told Red that he could live in the house as long as he wanted to if Red would do some chores for him. He was really going to improve this ranch and drilled a couple of wells and put some diesel pumps on them. They were good producing wells. He decided that he was going to build some fields on the place. He and Red sort of got into a little argument, a little difference of opinion because Red had told him he needed to fence the fields first, because if he didn’t, the livestock running around would trample any seeding and ruin his ditches.

This man also went out and bought some young cattle at the Red Bluff sale in Red Bluff, California. He had about 150 head of these animals they call weaners or yearlings. If you take those animals and turn them loose on the range, they are not used to going out and hustling for feed. The old cattlemen say that they scatter like a bunch of quail, and this is exactly what happened. They turned up over on the Soldier Meadows range and I’m sure some of them went back over the mountains into California and were never heard of. This whole operation turned out to be a complete fiasco, and he lost a lot of money in this venture. The last time I was up there was the year before Red died which would have been in 1987. The wells were still there, but I’m sure

that none of them have ever been pumped. This same family still lives there but they’ve not done anything with the land. The last I heard was Charles Greear—who is the son of Dr. Jim Greear, the ophthalmologist—bought a little ranch up in Nigger Creek that the Iversons used to own. Charles is one of the deputy sheriffs in Gerlach and told me that he went up and looked after this property for this neighbor who had not really done anything more in the way of development with it. Actually Charles was surprised that I would even know this individual.

My cousin’s name was John Mariani. He was a year behind me and a very artistic individual. After graduation from the university he went back and studied at the Chicago Art Institute, became a very successful artist and later became head of the art department at the Greeley Agricultural college. They now call it the University of Colorado at Greeley. He was a real good horseman and we had a lot of good times together. We both worked for the Cowles outfit for a couple of years, knew the same circle of friends, and he and Gardner Sheehan were great buddies. In 1973 he was sent from Greeley to the University at Denver medical school where they were beginning to do cardiac studies. Apparently he had real advanced and generalized coronary involvement and he was not a candidate for any surgical relief. John in his usual manner came home and told his wife and his kids that he had been given a clean bill of health and carried on as usual until his sudden death from a massive coronary in 1973.

TICK

I met my best girlfriend and wife in a history class during the end of my second year in school. Tick and I dated throughout

the rest of college, and I was lucky enough to have her wait for me to finish medical school before we got married, but we had a lot of fun in college. I remember the year that I was student body president, she had been elected secretary of the student body.

I met Tick in a history class. She was sitting in the front row and I was sitting in the second row in this history class taught by Miss Jenny Weir. I invited her to a fraternity dance at the SAE house and we hit it off quite well. Her brother Bill Ligon was the fraternity house manager, and his wife Margaret Ligon and Tick were real good friends. Margaret was vice president of the student body when I was president, and Tick was secretary of the student body. We became a close-knit foursome which lasted, and we had some wonderful times together.

Tick was a Nevada native, born in Carson City. Her father was an early-day man in Tonopah. He was a professional auditor and after spending a brief time in mining activities in Tonopah, he became one of the auditors for the banks here in Reno and throughout the state. Later, he became a New York Life Insurance agent. He met his wife, Tick's mother, on the train coming from Tonopah. It was love at first sight, and they were married here in Reno, either that day or the next, much to Mrs. Ligon's family's consternation.

Tick was very active at the university. She was a reporter for the paper which was called the *U of N Sagebrush*. She was active in a society called the Sagens which helped out at various activities like football games, receptions—just a general, goodwill type of club. And she was a member of the Tri Delta sorority, one that had a lot of friends in the SAE fraternity. During election times the Tri Deltas and the SAEs were very closely aligned and one could count on the other's support and vice versa. The SAE house had

been remodeled since I was in school and the old house was completely torn down and a new one built. And the Tri Delt house is still the same one. It's probably a three story brick structure over on the corner of Sierra Street and University Terrace.

We didn't get married until I had finished my two year internship after I had graduated from medical school. After she graduated from the university, she had a teaching job in Virginia City for a year, and then she moved down to Las Vegas and taught for another four years. I finished my two years of surgical interning at the end of October in 1938 and we got married on the 23rd of November of 1938. Right after the wedding ceremony and the reception, we both had to get back home and change clothes, because we left that night on the train to keep an appointment at the Boston Lying-In Hospital where I was going to take some postgraduate training starting December 1st. Vernon had given us, as a wedding present, a two door Plymouth which we were to pick up in Detroit. On our honeymoon, we left Detroit and spent a night at a former intern's apartment on Beacon Hill. Tick went apartment hunting and I went to work at the Lying-In Hospital.

Vernon finished medical school and was interning in New York when I was on my way back to start medical school. I stopped in New York City and spent three days with him. He was interning at Long Island College Hospital which was in Brooklyn.

MEDICAL TRAINING

HARVARD MEDICAL SCHOOL, FIRST YEAR

Harvard medical school had an early acceptance for those notified around the Christmas holidays or the first of the year. The second group which comprises a larger group to fill the class out is finally announced in March. I had applied to Harvard Medical School but did not make the early acceptance group. Dr. Frandsen was quite upset with me for not having filled out this application to Hopkins where, I'm sure, he had sent on a letter of recommendation. Then in March of 1932 Vernon called me long distance and told me that I had been accepted in the later group of applicants. When I told Dr. Frandsen I had been accepted at Harvard Medical School, I said, "I guess that I won't have to lay out a year and apply the following year."

He said, "Well, congratulations. I didn't think your chances of getting in there were good, but, I guess you proved me wrong." He was quite exuberant about telling me that I had to continue applying myself and to keep

up my grades so that I would have a good transcript for my graduating totals.

I have thought back on it many times in years following that I really had to be foolish and optimistic in thinking that if I didn't get in, I would just apply the following year, because they have large numbers of applications. Having not made it on my graduating year, I probably wouldn't have made it in the following year because of the increased competition. People who were probably smarter and more realistic than I had been, made applications to several schools. I put all my eggs in one basket and made up my mind that if I didn't get in that year, I was just going to do something in the interim and then apply the next year. During my session with Dr. Frandsen, we discussed going to Stanford Medical School. He quashed that rather point blank by telling me that at Stanford they had room for 100 people in their entering class and that 50% were flunked at the end of their first year because they didn't have room and clinical facilities to carry on. He said, "Your chances at that school, in my

estimation, would not be very good. If you were turned down there, that could be held against you.”

He also mentioned the medical school at Nebraska and we quickly exed that. His advice was that I should apply to Hopkins and, if I insisted, I should apply to Harvard also.

The *Artemisia* shows there were 178 or 179 students in our senior graduating class. For the graduation ceremonies we marched down the quad from Morrill Hall toward the Mackay School of Mines where the platform was all set up and degrees were passed out.

After graduation I went back to my service station job to try to earn a little bit more money to help defray expenses. I had to make a \$100 down payment on my tuition for the coming semester. Tuition at Harvard in those days was \$400 a year for medical school, and I think now it probably is around well over the \$20,000 figure. As the summer went on, I gave a lot of thought to the fact that Harvard Medical School and Boston were sure a long way from Reno. I had qualms about going clear across the continent, because I had never been farther east than Elko, Nevada, in my life.

I bought a couple of suits in San Francisco to get ready for the year at school and a trunk which was one of the things that was recommended to bring back sheets and pillow cases and bedding. I went with my dad and got my name on the checking account. He had gotten a loan on a house that he had built during the early years after he had built our residence there in Sparks. The house and the lot were free and clear of any indebtedness, and he was able to get a \$4,000 loan which we figured would probably be ample to see me through school. One of the last things I did was to take a quick trip out to tell my friend Red Welch goodbye and spend a night or two there.

Medical school started around the twentieth of September. My dad was able to get me passes on the railroad. I got in touch with Fred Anderson, who had come back from his Rhodes Scholarship and had spent a month or so of his summer here. We decided to leave on the same day. He was two years ahead of me. He went into the third year at Harvard when I started my first.

Walter Mitchell was a classmate of mine who had taken pre-med and was a real good student. Instead of pursuing medical school, he went to Kelly Field down in Texas and took flight instruction to become a pilot for Northwest Airlines. Another student in my class was Henry Rampoldi. He went on to one of the medical schools in the Bay Area and practiced in the Fresno area for many years. Another student named Jacobs was a year behind me, and he finally fulfilled Dr. Frandsen's wishes by being accepted at Johns Hopkins and was eventually on the pediatric staff there.

Another classmate, Carl Elges, graduated from medical school and practiced here in Reno for a while, but got into some kind of difficulty with the medical examining board. He ran what was called the Elges Convalescent Home which later he sold and for many years was the Reno Convalescent Home up on Idlewild Drive.

Fred and I were bid farewell by his mother and a couple of his relatives and a big congregation of my family. We boarded the Pacific Limited at Sparks and headed east. We rode together as far as Omaha where my passes changed to the Chicago Northwestern railroad. I didn't see Fred again until we got back to Boston. After leaving Chicago, I got on the New York Central to New York.

Vernon was interning then at Long Island College Hospital, so I spent a couple of days in New York visiting with him. The morning

after I arrived, I went on rounds with him. He and the resident surgeon were going to assist Dr. Emil Goetch, who was the professor. I was sitting in the operating room in the observing seats, and Dr. Goetch quizzed me—wanted to know just what I was doing there. After I told him I was Vernon's brother and an interested observer and that I was on my way to go to Harvard Medical School, he was very nice. He explained in detail all the various steps he was taking in a gastric resection for a cancer of the stomach.

I arrived in Boston about 4:00 in the afternoon at the Back Bay Station which was closer to the school than the big downtown station. I got my bags and hired a taxi and rode up to Vanderbilt Hall which was just across the street from the medical school. It was really quite a sensation for a country kid to be arriving in Boston and seeing all these beautiful buildings and this great dormitory.

My room was number 326, a comfortable room with a bed, good lighting, and a desk for studying. I had arrived on a Friday afternoon, and we were to report for classes and registration on the following Monday morning. This wasn't anything like the registration that I'd been accustomed to at the university. We made a trip to the administrative building and there met the head secretary whose name was Dorothy Murphy. She recognized me as I walked through the door and greeted me with a happy, friendly smile and came out and shook my hand and gave me a motherly hug and said, "You're Vernon Cantlon's brother." Throughout a good share of my medical career, I was often referred to as "Little Vernon" or many times was called "Vernon". It didn't bother me in the least. As a matter of fact, I was quite proud of Vernon, and any association with his name, I felt, was to my benefit. So I finally got to the point that

I didn't even try to correct people when they would mistake me for him.

School started with a real bang. Our first class was in gross anatomy, taught by an excellent, very dynamic and real stimulating professor whose name was Dr. Robert M. Green. It wasn't long before everybody was referring to him, among ourselves, as Bobby Green which was his "nomer" among his contemporaries. He would watch the wall clock, and the minute those hands came to 9:00, he strode through those doors with a brisk walk, took a sheet off a cadaver which he had in front of the rotunda and started off by saying, "Gentlemen, this morning we will consider the skin and muscles of the upper back." The cadaver had been dissected for him by what they call prosectors, second year students who were appointed to do this. He had a scalpel and a pair of forceps and a couple of probes. He lifted the skin back to expose the muscles on either side of the upper back and named them all for us, and pointed out the various nerves, blood vessel bundles and the attachments of the various muscles. This probably was one of the shortest hour lectures, as far as I was concerned. He also had written the text that we were to follow which was *Robert Green's Anatomy of the Human Body*. Of course, we also used *Gray's Anatomy*.

Our next class was in histology and was likewise a real interesting class. Much different from the gross anatomy but the teachers were Robert Bremer and Duffy Lewis. Their textbook was *Lewis and Bremer's Textbook of Histology*. And this was our bible for that class. Dr. Bremer was a tall, thin, sort of balding man with dark, black eyebrows and a handsome, black moustache who was an excellent track man from Harvard University. He held many records in the quarter mile and half mile events. Dr. Lewis was a shorter, more elderly looking man who had bushy, gray hair

and a big, drooping, gray moustache. He had been a record holder in the pole vault for Harvard University. They covered our whole curriculum in two days, then we were on our own.

On the second day of this class we were given four boxes full of histologic slides. Dr. Bremer said, "Just learn them one at a time. By the time you get through the four hundred, you will know enough to pass this course."

Another class was in pharmacology and this was taught by the head of the department, Reid Hunt. And he was a very handsome, white-haired gentleman who was an excellent lecturer, but who seemed to tire quite easily. Whereas, our other lecturers had been quite active in walking around the podium and around the demonstration tables, he pretty much stood by his stand and didn't make a lot of extra motions. In the middle of the course he had something . . . whether it was a cardiac episode or a cerebral episode, he never showed up again and succumbed about four or five months later. He was replaced by the dean of admissions, Worth Hale. Dr. Hale was an excellent lecturer and probably an excellent pharmacologist, but he was just not as impressive as Dr. Hunt had been.

Biochemistry was taught by a real character in medical circles and in the medical school itself. His name was Otto Folin. He also had written the text which we used for study. He had a rather marked facial deformity from an operation for some kind of parotid tumor. It must have been a bad one because he had quite a large deformity and had facial paralysis. His operation had been on the right side of his face, and he talked mainly out of the left side of his mouth. But, this certainly did not handicap his teaching abilities. He always came to the laboratory and visited every student during every laboratory class even though he had a couple of assistants in

the group. He made it a point to come around and converse with each one. I was working at a table with a set of twins named Jim and Bill Blodgett. Dr. Folin said, "I know that you people are 'Blodgi' but which is Jim and which is Bill?"

After they told him, his remark was, "Well, you'll have to excuse me if the next time I come around I get you mixed up. I'll just call you 'Blodgett A' and 'Blodgett B'."

Once he had stood behind a student and watched him doing an experiment. All of a sudden the student said, "I'm going to throw this out and start all over."

Dr. Folin said, "No. Don't do that. I've been watching you. I think you've made enough mistakes that they might equalize and you might have the right answer." Dr. Folin must have been an excellent observer because he was one hundred percent right.

The classes were all most instructive and we were given a lot more, I'm sure, than any of us could digest. It gave us a good foundation. In anatomy we had a lecture every morning. Following this, we went to the laboratory and carried out the dissections that we had been lectured to about. We had a work sheet and a textbook. There were four of us to a cadaver. Lab was mainly in the morning but if you hadn't finished, you could always go back in the afternoon after your other classes and complete whatever you hadn't been able to accomplish in the earlier session. In each of the dissection rooms there was a skeleton that had been thoroughly labeled with the names of the bones and the areas of muscle attachments. It was quite well done. There were seven or eight rooms with numerous tables in them. The cadavers were all portioned out so that four students worked on one cadaver.

Roderick Sage: Did you have a name for yours?

I'm sure that we had a name for it, but I can't recall the name.

You had lectures each time in biochem, and then lab?

Three times a week.

Did you have pharmacology lab your freshman year?

We had lectures, mainly, in pharmacology. The laboratory work in pharmacology, actually, was pretty brief. The only thing I remember about the pharmacology laboratory was that Dr. Hunt came in one day and poured some powder onto, what he called, collodion, which in later years we found was more commonly known as "new skin." He said if you crushed up an aspirin tablet and put it on collodion, that this was Dr. Scholes's corn medicine. He said Dr. Scholes had been much more successful with it than the pharmacology department.

Your histology was all lab, and some lecture?

We would have an hour lecture with a few demonstrations of slides projected on the screen. Then we would go to the laboratory and study those slides.

We were dismissed for Christmas vacation and I was so homesick that I asked my dad if he would send my passes back to me so that I could come home for Christmas vacation. This was a silly venture in some respects because you spent more time on the train coming and going than you had days at home. But I sure enjoyed getting home and visiting with the family for Christmas.

I was going to add that one of the smartest things I did when I got to medical school was when I wrote a letter home to say

I had arrived safely and was well ensconced in room 326 in Vanderbilt Hall. I took my railroad passes and put them in the letter and sent them home so that my dad could get them renewed at a later date. The day I arrived was a sunshiny day. Beginning with the following Sunday it started to rain and it rained for thirty days in a row. For a country kid who had never been beyond Elko and came from a dry desert environment, to arrive in Boston and have it rain for that many days in a row was sure depressing. One night when I was in my room mulling over notes or studying, the thought kept coming through my mind that if I had those passes I might well chuck this and go back home. But the Christmas vacation was quite refreshing. I got to do a lot of studying on the train coming and going and had a real good time during the four or five days that I was home. It was sure good to see all the family and to see Tick doing well. She still seemed interested in waiting for me and we had several dates. Finally, it came time to go back to school. I had told my dad that the routing on this tour was different. He was able to get passes that allowed me to go from Reno to Chicago and then from Chicago to Boston by getting on the New York Central. When it went through Albany, they switched the car onto the Boston and Albany Railroad and went direct to Boston.

When we got back we were confronted with a new course called neuroanatomy. The textbook was called *Ranson's Textbook of Neurology* and about four hundred pages. It was a real complicated course but lasted for just a month. One time during the course I got real worried. It didn't seem to me that I was assimilating all the things that they were talking about in the lectures and this textbook seemed terribly complicated. So I called Vernon up to ask his advice.

He was quite cheerful. "You're the same as everybody else. This happens to everybody. My advice to you is to keep listening, keep doing what you are doing, and about the third or fourth time that you read that textbook from cover to cover, it will finally gel. When you're given your examination you'll be surprised that all of a sudden you'll be able to answer the complicated questions. You'll have learned all the things that you were supposed to learn."

The instructor in this course was a new man in the department. His name was George Wyslocki and he spoke with a little bit of an accent but he was as smart as a whip. He had a young assistant who had come from England. Fred Anderson remembered he had seen him at Oxford during his tenure as a Rhodes Scholar. Between Dr. Wyslocki and his assistant, they really pounded that neurology into us. I went to the examination full of fear and trepidation and thoroughly convinced that this was one course that I might well fail. But it was just as Vernon had advised me. When I sat down and was confronted with those questions, it suddenly seemed to gel and I could answer the questions, and I got a real good grade in the course.

There actually were no women in that 150 medical students. Two young ladies from Radcliffe College had been allowed to come to the laboratory and lecture courses in biochemistry because they were majoring in those two subjects. But as far as women medical students, they hadn't arrived yet at Harvard. I found out later that the bulk of students that had been picked for early admission were mainly from Harvard and Yale and Princeton. There were about thirty or thirty-two students from Harvard College who were admitted, about twelve or fifteen from Yale and seven or eight from Princeton.

The rest were pretty much from all over the country. Every state in the union was represented in that class. There were several from San Francisco and there was even one who was from Honolulu. That was Sam Clarke, who practiced ophthalmology here for many years.

There were three or four suites in Vanderbilt Hall and some of them were occupied. One of my favorite and very close classmates was a fellow from Jacksonville, Florida named Jim Freeman. He and a fellow named Dwight Harken, who later became a very successful cardiac and chest surgeon, and a third fellow named Marshall Ruffin, shared a suite. But I think they were the only ones. It was usually in the second or third years, when I guess people got more friendly with each other, that they would single out people and get together and have suites.

What was Fred Anderson's Rhodes Scholarship in? Was he in medical school at Oxford?

I don't know for sure. I think their curriculum is more involved and probably more cut and dried than the university courses. But he was in pre-med and finished the necessary courses for medical school and had no problem getting into Harvard Medical School in his third year.

Did you study harder there than at Nevada?

Yes. You had to, to keep up with the amount of reading and the outside assignments that were always recommended by the lecturers. They had an excellent medical library in the administration building. We used to go there to do some of the reference readings, spend an hour or two in the medical library, and then would come back to the dormitory

at Vanderbilt and clean up for dinner. It was a process of not doing much visiting at mealtime and heading right back up to your room and hitting the books. I used to study from seven-thirty or eight until midnight. I had made a pact with myself that if I didn't finish what I had intended to do by midnight, I would knock off, go to bed, get some rest, and get up a little earlier the next morning and finish it that way. It surely was a great deal different than it had been at the university, which was not very demanding.

Did you feel at home with the easterners when you got there?

I felt that the eastern people were certainly more difficult to get acquainted with. One of the early experiences I had was that I went down to the dining hall and was invited to join three students, who were all Harvard graduates. One of them was Dave Ennis, the other was Paul Havens, and the third was Harvey Beals. They quizzed me at length. They seemed to know more about Reno than I did. There had been a pistol duel between a very prominent eastern newspaper man and the editor of the *Territorial Enterprise* up in Virginia City. I guess this happened out in front of the Overland Hotel on Commercial Row. I remember reading about it, but it seemed like a common occurrence and not too much to worry about; but they grilled me at length.

I remember one of the questions they asked me was, "Were there Indians who carried bows and arrows along the streets in Reno?"

I said yes, there were a lot of Indians but none of them came into town in their war bonnets with their bows and arrows; they usually left those out on the reservation.

This was quite an interesting group. Harvey Beals, who went by the name of Lyn, and Paul Havens were both interested in horseback riding and they invited me to go with them.

The social life was rather limited. I belonged to the Nu Sigma Nu Medical Fraternity. There was another fraternity in the school and they had a dance during the first semester.

Prohibition was on at that time. I think they called it 3.2 percent beer that you could buy. Some of the southern students would pour out the neck of the bottle and then put alcohol in to fill it back up to the top. They called it "hammer beer." One of the guys had a rubber hammer. He would hit the top of the bottle and this was supposed to disperse the alcohol through the beer. It wasn't a very appealing beer as far as I was concerned.

I was given a dose of castor oil when I was about eight or nine years old. They tricked me by putting the castor oil into the neck of the beer bottle and got me to drink it down that way. I haven't been fond of beer ever since.

One of my classmates, a fellow named Edward S. Judd, was quite a drinking man. His father was one of the top-notch senior surgeons at the Mayo Clinic and had married one of the Mayo sisters. Ed had gone to Dartmouth before coming to medical school and he had a girlfriend who went to Wellesley College. He liked his hammer beer and also told us that a better way to use alcohol was to mix it with grapefruit juice rather than mixing it with beer, it was a lot more palatable. It also was a lot more effective in causing intoxication than it was when you mixed it with beer.

But the drink didn't really appeal to me and I was busy enough trying to do my studies that I tried to avoid partaking too much of the alcohol. There were always some pretty

good parties on the weekends, and also a lot of headaches on Sunday morning, probably because of the absolute alcohol they used to mix with this stuff.

The majority of students lived in Vanderbilt. There were several who were married and had families, who lived on the outside. Another of my classmates, Howard Ulfelder, was married and lived on the outside. Howard later became a successor to Joe Meigs and a full professor in the medical school. I never got to know Howard real well until our internship years at the Massachusetts General. There were ten or twelve kids who were married who lived on the outside. I can remember only two students who were older. One of them, Campbell, had done some kind of study in chemistry and had stayed out a couple of years. He was probably twenty-seven or twenty-eight when he started medical school. Another had done something in the ministry and had spent some time in Africa and South America, and then came back and decided to go to medical school. He, likewise, was older than the majority. Mainly they were pretty much college age students. We did not have any blacks in that particular class. The following couple of years they did have some black students. Now I'm sure they are quite numerous.

We finished out the courses in pharmacology and in biochemistry, and that pretty much did it for the first year of medical school. The majority of students, at the end of the first year, were ready to take a rest and head back to the homeland. I know I sure was.

I'll tell you a story about one of the things that really bugged me in the early part of medical school, when the depression hit. All of the Wingfield banks closed here in Nevada in 1932. I had written a couple of checks to Charlie Broadbent's medical supply store and they had come back labeled "Bank Holiday,"

which didn't mean anything to me until I called home. My dad told me the banks had closed. I asked if he wanted me to drop out of school.

"No, stay right where you are, and we'll get this situation straightened out for you so that you can make Mr. Broadbent's checks good for him."

He sent me the cash to pay for the books that I had bought, and then later on sent me a card to put my name on along with his and my mother's so I could be on their checking account. They opened a new account with the bank first owned by Mr. Harris and later by Richard Kirman, the First National Bank of Reno. It sat on the corner of Virginia and First Street. When I came back in the summer, I had to go to the bank and fill out another card, so that my signature would appear along with my dad's and mother's, rather than on a separate card. I wondered why the technicality, but I guess it boils down to the old deal, that if there are two cards instead of one, some clerk along the way will not have the ingenuity to look for the second one and will cause a check to bounce.

Was there a threat to your finances? You had \$4,000 you put in from that mortgage?

The \$4,000 was tied up for a long time. My dad was able to get another loan on the house he had borrowed on before.

These banks that you were involved in didn't go belly-up?

Yes they did. One was the Farmer's and Merchant's Bank and another one was the Riverside Bank. They went belly up and made no restitution of funds. The depositors didn't get back a smidgen of their money. Ours was the Bank of Sparks. My dad and a group of

people, depositors, all got together and went to bat to try to get their money. They were made two or three offers and finally, were fortunate in that they got back about eighty cents on the dollar. We were real lucky in that respect.

So many folks lost almost everything, didn't they?

Yes. There were numerous people who lost their businesses and had to start from scratch.

Do you remember your final examinations when you were a freshman? Did they examine you in bits and pieces?

They were run differently and rather ingeniously. One of the instructors for the gross anatomy quizzed me on the anatomy of the hand and the distribution of the nerves to the hand. He felt I had done very well in that.

He said, "I should stop here with you but I'm going to see whether you know as much about other parts of the anatomy as you do about the hand."

So he quizzed me about the hernial regions. I was glad he had because that was one I had studied quite thoroughly. One of the fourth year students had a copy of *Homan's Textbook of Surgery*, which explained the anatomy of the inguinal region and how you applied it in the way of repairing hernias. So when the instructor asked me about that, why, I was able to tell him about it very thoroughly.

In histology, as one might expect, they gave you four slides, all labeled unknown, and you were to examine these slides and identify the tissues by writing your description of what you had seen and your appraisal of what the tissue was. Those were pretty routine. I think the people were quite fair in that they didn't pass out any slides that were controversial.

In biochemistry we were given a couple of unknown solutions; one was a solution and another was a packet of powder. We were to analyze those and try to identify what they were. Likewise, those were pretty practical and straightforward examinations.

The examination in pharmacology was interesting. They asked you to write prescriptions. One was a prescription for a patient who had a corn on his foot. I had remembered Dr. Hunt's allusion to putting the aspirin tablet in the collodion, so that was foremost in my mind. I said you put acetylsalicylic acid in this collodion mixture and then you made it go into solution by adding a little ether and shaking it up.

One of the students, to add a little humor to the question, had answered that the prescription for a painful corn was to give the patient two aspirin tablets by mouth and have the chiropodist pare the corn. Dr. Hunt said that wasn't a good answer, it was not a prescription. He said that he knew it probably would work, but it was not what he had asked for.

The examination in neurology was a completely written examination. They gave you ten questions and you were to answer eight of them, and that gave you a little leeway. That course had stayed with me quite well and in my mind, I was able to feel that I could have written answers to any of the ten questions. But the eight questions I did answer, I was quite satisfied with.

The thing about the examinations was that they never gave you a numerical grade on any of the examinations. They just notified you that you had either passed or failed. I think there were about eight students who failed. One of them was the son of the man named Ranson who had written the textbook on neurology, and he was an excellent student. I think that he came from somewhere around

the Chicago area and I was impressed with the fact that he had a Zeiss binocular microscope which was, gee, a real work of art. It was a beautiful instrument. One afternoon, just out of the clear blue sky, he was peering at something through this microscope, and all of a sudden he jumped up, grabbed it, and ran over and threw it right through a great big window on the second floor of one of these buildings. Dr. Lewis went down and retrieved the instrument, which was down on the lawn, and cleaned it up and made some rather disparaging remarks about the mentality of a student who would treat a work of art like this instrument in that manner. That was the last we ever saw of this student. Whether he was kicked out or merely withdrew, none of us ever knew.

Strangely enough, years later when I was on the Anzio Beachhead with the Second Auxiliary Surgical Group, who should we run across one day in the mess hall but this Dr. Ranson.

We omitted the course in bacteriology and immunology which was given by Dr. Hans Zinsser, who was the head of the department. He had written his own textbook, which we used for the course. He was a stern and no-nonsense type of guy. He had close-cropped grayish hair and steely gray eyes that gave the impression that he could look right through you. He had a habit of walking around the lecture table, which was a long table about, probably, twenty feet long. In his first introduction to the course, when he came in, he marched around this table seven or eight times while he was cleaning his glasses on his neckties. There was an elective course called immunology which was two days a week. He explained very forcefully and explicitly, that although it was called an elective course, no one ever passed his bacteriology course unless they took the course in immunology.

And lest some of the students didn't hear about it, he stood out in the middle of the lecture room and said, "Now, just so that there will be no confusion about this, and just so somebody may not have been listening, I want to repeat again that there will be a course in immunology, and also repeat again, that although this is called an elective course, nobody ever passed my course in bacteriology without taking the course in immunology." He looked up and said, "Is that clear?" It seemed to be quite clear in everybody's minds.

Was he a world figure, then, in bacteriology?

Yes, he certainly was. He was world renowned and had done all kinds of research. On his staff was the only colored professor in the medical school at that time, Dr. Hinton. We had always been told about the Wassermann test. Dr. Hinton devised the Hinton test, which apparently supplanted the Wassermann test. He was a delightful person. He would come around during the laboratory portion of the course. His specialty, of course, was syphilis. One of the students one day complained that he had scratched himself while trying to look at some spirochetes under the microscope and wondered what he should do about it. Dr. Hinton looked at him with a twinkle in his eye and smiling a little bit said that he thought all he needed to do was to go over and wash his hands thoroughly with soap and water and then quit worrying about it. He said he had taught these classes for many years and that nobody ever contracted syphilis in the laboratory; it usually was contracted in other ways.

He was a very pleasant individual. I don't think that he ever got all of the accolades that were due to him, at the school or in the medical profession. He never complained about any inequality, either in the classes or in

the dining halls. He ate lunch at the Vanderbilt dining room quite frequently, and was always ringed with students. He was a very popular individual and it showed. I know that I sat at his table on several occasions and he was a pleasant person to be with.

The other individual that was in the department, and gave several lectures, was a man named Dr. John Enders. He later on grew the polio virus and was instrumental in perfecting the vaccine, which at one point, was said to have eradicated polio. I think this is a disease, like smallpox, that is cut down to a minimum, but there are always people who avoid the vaccine and cases crop up periodically, although I haven't heard of any of them in this area for a good long time.

He was not as forceful a lecturer as Dr. Zinsser was, but I think that I actually got more out of some of his lectures because he was not quite so colorful. We were about half through the course when he decided that this day, instead of lecturing the whole hour, he would give an impromptu examination. Forthwith he had some of his assistants pass out a group of notebooks that had the questions written in them. He said that he would not leave the room and would be around in case anybody had any queries or needed any clarifications about the questions. The questions seemed to be pretty straightforward. Everybody got busy and wrote their answers. Then he collected the books and dismissed everybody to the laboratory.

A very amusing incident arose out of this. The start of his next bacteriology lecture was about the results of this examination. He stood in front of one of the students, "I'm quite surprised and actually quite disappointed in you as a student. You always impressed me as being a very rapid note taker. I remembered that you filled pages and pages of notes, and I sort of expected that you would be one of

the top students in the class. When I looked at this paper, you seemed not to have learned very much. What were all these notes about?"

The student without hesitation said, "Well, I had measured the length of the table and the distances that you walked. I was trying to figure out how far you walked each day while you were giving a lecture."

This produced quite an uproar in the classroom, as might well be expected. It also produced quite a reprimand from Dr. Zinsser. He told him to never mind about how far he walked, to just listen to what he had to say because that was a lot more important. He said it was none of the student's business how he delivered the lecture and to just be concerned with the content.

Was Zinsser from Europe? Was he German?

He certainly had a European name and certainly exhibited all the qualities of German ancestry, but I'm really not sure whether he was educated in Germany or whether he was educated in this country. He was, I think, in his late fifties. Dr. Zinsser, incidentally, is the person that my good friend Edward Judd ran afoul of. Nobody was very clear about what went on, whether Dr. Zinsser felt that he didn't do well in the course or whether there was some sort of personal animosity between the two. At the end of the year Ed Judd was told that he had failed the course, and therefore not eligible to return for his second year. I don't know how we got news of this, but I know that Ed had gone back to the Mayo Clinic for the summer. He was tutored by one of the bacteriologists there at the clinic. This particular person had a son who was in the fourth year at the medical school, and he wrote Dr. Zinsser a long letter, telling him of the work that Ed had done during the summer and what high caliber work he thought Ed was

capable of doing. Apparently this didn't make any impression on Dr. Zinsser whatsoever.

Second year, we had lunch one day with Ed Judd and his father, who was E. Starr Judd, a top general surgeon at the Mayo Clinic. His specialty was gallbladder and upper abdominal surgery. He came and had an interview with Dr. Zinsser. The conversation at the lunch table was that Dr. Zinsser had not been swayed one iota by all the recommendations people at the clinic had given Ed. He said that he wouldn't change his mind, and that anybody who flunked his bacteriology course was not eligible to continue, and he would not give him a chance to repeat the examination. Dr. Judd's assessment, in the vernacular, was that there were more horses' hind ends in the country than there were horses, but he guessed that if that was Dr. Zinsser's opinion, then they'd have to abide by it.

The whole group of students were sorrowed by the fact that Ed left the school. He went from Harvard to Rush Medical School, where he graduated high up in the graduating class. He went on to be a member of the surgical staff at the Mayo Clinic and has done real well throughout the years. But this is one incident, I guess, of differences between the students and professors. There has to be a lot more to it that we don't know. But that was the close of a close friendship, although we kept in touch through correspondence and have visited during later years. Ed is still a delightful person, as was his wife Virginia.

He's still alive, is he?

Yes. He is not active at the Clinic, surgically, anymore, but I'm sure is held on as an emeritus member.

Did you take this immunology course? I guess you did.

Everybody took the immunology course. It, actually, was just a continuation of the bacteriology course with emphasis on the production of vaccines and the interactions and the defense mechanisms between the body and the invading bacteria. It discussed quite at length some of the problems that we're confronted with in trying to figure out just exactly how the mechanisms failed and how they could be fortified, and the procedures to make vaccines against these organisms. It pointed out, in part, that it was important to find the cause of an infection or an illness. If the offending member could be isolated, then steps could be taken to effect a cure. This has been a solid premise throughout my medical career, anyhow, because if you don't know what's wrong with somebody, it's pretty hard to figure out what to do for them to make them better. But if you figure out what the cause is, then the treatment is pretty easily outlined. I know that at our stage of the game, they talked about two types of pneumonia, pneumococcus I and II. I think that refining those two types and coming forth with a vaccine for the pneumococcus was quite far down the line from my medical school years.

SECOND YEAR MEDICAL SCHOOL

The second year of medical school, one of the courses was physiology. This was taught by Professor Walter Cannon, who was one of the best academically. He was a very pleasant and amiable professor. He was not a forceful lecturer, but all his lectures were really clear and easy to understand. He stressed the important points as he went along. One of his high marks was that he was one of the

first people to use barium in the study of peristalsis, tracing it through the intestinal tract. He wrote several papers about this and clarified a lot of the problems in the physiology of the intestinal tract through experiments. He gave us a very enlightening lecture about Dr. Pavlov and the experiments by Pavlov on how you could condition dogs to come for food by ringing a bell. Looking back on it, I guess in the early days it seemed pretty complicated. He seemed to be able to explain it so that it seemed quite obvious that these experiments proved a point and were quite sound from a physiological point of view.

One of his assistants was a younger man, a graduate of the school, named Halowell Davis. He had studied physiology in England and had come back with a rather marked English accent. Between his eastern accent, and then the addition of his English accent, he made quite a hit with the students. There were a lot of comments. He always used to talk about the “venar caver” and we wondered, for a while, whether we were talking about the same part of the anatomy. He lectured mostly about the muscle reflexes and demonstrated knee jerks and the various pathways that muscles moved limbs, and what went on between the stimulus and the reaction.

One lecture he spent a great deal of time demonstrating a decerebrate cat, showing us how the cat was in a very tense and extended position after it had been relieved of his cerebrum. He went on to show, that without the continuity of the upper, middle and lower brain, the spinal column, and the various nerves, this was a pretty disabled individual, although there were a lot of reactions that could be elicited if you studied them and knew how to do it. This was a very explicit type of experiment and I’m sure gave everybody food for thought. As we progressed through school,

you could think back on these lectures when you bumped into people who had strokes and degenerative nerve diseases.

Another individual who was quite a pleasant person was a fellow named Jim Pinkerton. He was even younger than Hal Davis. He was really on the ball at circulating through the laboratory and picking up errors in techniques in some of these experiments that we were doing. He was really a very helpful individual in that he would observe you for awhile and if he believed that you weren’t proceeding in the right direction, he had a very nice way or correcting you and putting you on the right track, which saved everybody a lot of time. This was also very instructive and gave you a much clearer basis for proceeding.

Physiology, of course, is a real basic study and without it you wouldn’t go very far in the practice of medicine and the treatment of various diseases. One of Dr. Cannon’s publications was a book about homeostasis which, I’m sure, everybody is familiar with. I guess homeostasis means, that when all the systems are functioning and well synchronized, then we have a well performing and healthy individual. Jim Pinkerton was higher than a lab assistant. He was more of an instructor than an assistant.

The other major course that we had second year was pathology. Pathology was taught by Dr. S. B. Wolbach, who was the head pathologist at the Peter Bent Brigham Hospital. The medical school was built right adjacent to the hospital. If you went out the back door of the administration building and crossed Shattuck Street, you went right into the back door of the Brigham Hospital. Dr. Wolbach said this was very convenient for him, because he could take his time getting from his office to the medical school as it was

only a short walk. He said if he left a little bit late, then he walked a little bit faster to get there on time. He would chuckle to himself, "Well, that's something for you to think about. It certainly is a convenience for me."

He was a real high-powered and well thought of pathologist. During the course he told us that just because he was giving the lectures, not to think he was the only pathologist around. He said there was a man named Frank Mallory that had two sons and that trio of pathologists would probably outweigh any single individual like himself. "But," he said, "we all get along well. You'll be exposed to them as we go along."

He was certainly correct. Frank Mallory was the senior pathologist at the Massachusetts General Hospital and then his son Tracy Mallory succeeded him. Kenneth Mallory, his youngest son, got to be the pathologist at the Boston City Hospital. So we got lectures from all of them during the year, and this was really a delightful part of the medical school curriculum.

Dr. Wolbach, along with his pathology course, would stress that there was a unique thing he wanted to invite us to, called the Cabot Clinics. This was put on in the amphitheater at the Peter Bent Brigham Hospital. "There's no excuse for any of you not attending, because all you have to do is to walk out the back door of the administrative building and into the back door of the Brigham Hospital. The way to the auditorium is well marked."

The Cabot Clinics were, I guess, a tradition of the medical school. When I went, one of the medical professors was a man called Richard Cabot, who was supposed to be one of the best diagnosticians in the medical school. Dr. Wolbach would pick out all the difficult cases that had been seen and treated at the hospital. Of course, he didn't discuss any of these cases until he knew the final answer. As he used to

put it, the final answer was always his, because it ended up in his laboratory. He would really present some sticklers, but this fellow Richard Cabot was uncanny at putting two and two together and asking questions about various tests that had been done. I can think of only one or two cases where he was stumped and he'd have to bow to Dr. Wolbach for the final answer. One time Dr. Wolbach put him on the spot by asking him why he was so sure of himself.

"Well, Dr. Wolbach," he said, "because in all my years in this medical profession, I have never seen it different."

Dr. Wolbach chuckled a little bit and said, "Well, today it's different because you have it half right. This man has two diseases. We've got to give you fifty percent."

These were very instructive sessions and I did my best to attend every one of them.

Dr. Harvey Cushing was the professor of surgery at Brigham. He was what was called the Moseley Professor of Surgery. He was a neurosurgeon and a real stickler in the operating room. If you went to watch him do an operation, you were to sit quietly in your seat. If you shuffled your feet he let you know about it and was quite short in telling you that if you couldn't keep quiet, he would stop and wait for you to leave, and that he didn't want to be interrupted. Dr. Cushing was a remarkable individual. One of the things that impressed me about him was that he must have had extremely good eyesight. He would operate on pituitary tumors, that he approached through the nasopharyngeal route, and I don't remember that he ever wore any magnifying glasses, he just used a head light. In later years when I was interning as a resident in the hospital, several of my instructors would remark about Dr. Harvey Cushing and that he used to do these operations without any magnification, but that they had to wear

some of these finer aids to accomplish the same thing.

He left early in our second year of medical school and was succeeded in the professorship by Dr. Elliot Cutler, who had been a Harvard graduate and an intern at Brigham. He had been in Cleveland. I think this had been planned right along. When Dr. Cushing left, he took over the professorship at Yale University. When we asked why he left, the answer was that at Harvard, there was a hard and fast rule that you retired when you were sixty-three years old, no matter how well you were doing otherwise. He was at Yale for another ten years or so that I remember.

Tell me, were there any other giants in those first two years? You've already mentioned three or four world class figures: Walter Cannon and Zinsser; I didn't know Wolbach, but certainly the Mallorys were world famous.

Otto Folin, I'm sure, was world famous. Zinsser certainly was. Another very well-known man was a fellow who was the head of the Harvard School of Public Health. He was a world renowned figure. He had wide connections in England and Germany and had studied over there with all the top professors. In those days a ritual that was followed by anybody who was going to be on the faculty, that they liked them to be associated with some of the people that they felt were masters in Europe.

Did you have any visiting professors from England or anywhere else?

The only professor that I can think of who came over was a younger man who taught us neurology. He came from one of the medical schools in England. Otherwise, I can't think of any exchange people.

By this time you had become a class, and a fairly coherent group. Most of your classes were still together. You hadn't split up into sections yet?

That's right. Splitting up into sections came at the end of our second year, when we were told to buy ourselves a reflex hammer and a tuning fork and a stethoscope. Then we started our courses in clinical diagnosis. These were really impressive years for us. You felt that you had really learned a lot from your studies in these various courses. Then, when confronted with a patient who was picked out as a subject for instruction and study, you realized rather quickly how little you had learned. You needed to be able to assimilate what you had learned and apply it to an actual patient.

We were assigned as a group of eight to one of the young internal medical instructors at the Massachusetts General. His name was Robert Palmer and he was a crackerjack instructor. He was a small, roundish man who wore glasses and was impressive from the fact that he had his stethoscope with the ear pieces on the back of his neck and the listening part tucked into a vest or shirt pocket. He said that this way it was readily available whenever he needed it.

Dr. Palmer spent a great deal of time trying to allay our reactions of fear or embarrassment. One of the best pieces of advice was that he said, "You should always introduce yourself to a patient and treat him as an equal. Most of all be honest. The patients know about what stage of training you're in, don't try to deceive them by telling them you're further along in your education than you really are."

He impressed on us that if you were frank and honest and polite with patients, you would learn more from them and they

would answer questions more freely than if you tried to be aloof and act in a superior manner. The first clinic, he spent forty-five minutes of the hour explaining various avenues and techniques to us, and how we were to use the various instruments. He told us at length that just because you knew what a stethoscope was, or just because you knew that a percussion hammer was just a rubber hammer that wasn't going to hurt anybody, if you confronted a patient that was not familiar with them, sometimes they would react in a fearful or refractory manner. "If you explain what you are going to do, you always get along a lot better." The tuning fork was one of the instruments, he said, that caused a lot of fear in people. He said to just bump it on your hand or forearm or on whatever you wanted to bump it against to start the vibrations and then hold it in front of a patient and let them look at it, and swing it over by their ear, and let them listen to it, and then tell them that you now are going to put the blunt end of this instrument on their forehead or on the side of their head. "Don't be surprised if they shy when you first do it because, if it's vibrating real fast, some people are more responsive to it than others." He got us to do it to ourselves and to do most of these maneuvers on each other before he ever let us apply it to a patient.

I remember quite vividly the first patient that he brought in for about a fifteen minute examination. This was a youngish man, probably mid-thirties, who had been admitted to the hospital with some sort of heart ailment. When all his studies and workups had been done, they found that he did not have any damage to his heart from rheumatic fever, but merely had an abnormality referred to as a split second sound to his heart. Out of the eight students who listened, nobody picked up this abnormality, except I felt I heard something different. When asked I

said, "This sounds different from one of my classmates here."

Dr. Palmer said, "What did you hear that you think sounds different?" So I explained to him and he said, "Then you go to the head of the class for this session. This man has what we refer to as a split second sound. You have to attune your ears to this."

After this has been pointed out, the other members of the group went back and listened and they were all able to pick it up.

You missed your calling. You should have gone into cardiology.

Probably. As years have gone by and vascular surgery came to the forefront, I have felt that some of the cardiac and blood vessel operations are easier to do than some of the intestinal operations that I spent a lot of time doing.

I never asked how you survived the Boston winters.

I mentioned, when I first got there, that it rained thirty days in a row and this, to me, was one of the most devastating happenings as far as promoting homesickness was concerned. But the winters in New England can be quite severe. One of the good things, we were in such close proximity to the lecture rooms and various laboratories at the medical school that we didn't have to go more than fifty or seventy-five yards from the front door of Vanderbilt Hall to one of the doors of the medical school buildings, where you would be indoors and out of the cold.

One day we were walking over to one of the bacteriology classes and Dr. Zinsser arrived in the midst of a snowstorm and was driven up to the entrance in a beautiful sleigh, what I learned later was a cutter. Gee, he had a

classy horse pulling this and, of course, he was all wrapped up in a big robe over his overcoat and had a big fur cap on. He got out from under all this covering and stepped onto the clean pathway that had been shoveled to one of the buildings and went on inside. His driver then went around the circle on Longwood Avenue and then, I guess, back to the stable. That was quite impressive.

Did you go out in Boston and enjoy the sights and historical stuff at all?

We were kind of limited. One of the sources of entertainment was that sometimes we would go to the movies. There were a couple of quite comfortable and quite modern movie houses on Massachusetts Avenue not far from the medical School. You could either walk down there, or there were several students who had cars. If you asked around, you could usually find somebody to go to the movies.

One of the good restaurants that I can remember was a place called Lockobers, which was a place where, even in those days, you had to make reservations. I never did get to Lockobers that first year, but I did get down there during my second year. I've been several times over the years and when we go back to visit our daughter who lives in Boston, why, we usually try to hit Lockobers at least once during our stay.

Another restaurant that I can remember going to was the dining room in the Parker House Hotel. I can remember my mother, when we were growing up, would make Parker House rolls and she said that her recipe had come from the Parker House in Boston. After having been brought up on hers and then sampling them at the Parker House, I thought my mother could probably give them some lessons about how to make Parker House rolls.

Another popular restaurant that we used to go to whenever we had a chance was a fish grill called Perones. They had excellent seafood. The good thing about it was that you could get on the street car on Huntington Avenue, which was about a two block walk from Vanderbilt Hall, ride down into town, get off at Boylston Street Station, and then you only had about a block to walk to get to Perones. It was a walk-in restaurant and you could almost always get in without much of a wait.

Another one that was a little bit farther into town was called Dinty Moore's. It was more down in the central part of Boston. I only went there once, as I remember. It was quite good but we also thought it was quite pricey. Of course, the old oyster house in Boston was the one that you had to get to if you really wanted the acme in fresh seafood.

Did you ever go to Durgin Park?

Durgin Park was the other restaurant we used to go to. I made that once during my first year. They had excellent seafood and their specialty was prime rib; they were both excellent dishes. In those days you could get a two pound lobster with all the trimmings for two and a half dollars. The roast beef—and they gave you a serving that you were seldom able to finish—was two dollars. If you planned a trip to either of those places, you played your cards close to your chest and saved some money up so you could splurge on the weekend.

Did you have any dealings with Harvard College? Did you go to athletic events or any lectures?

My only contact with Harvard College was that I went over to Harvard Stadium and

applied for a job as an usher for the football games. Harvard didn't have a very good football team the first couple of years that I was there. I think I got off to a poor start because I didn't wear enough clothes the first time I ushered and it was a windy, raw day. It didn't rain that day, but I know I was very uncomfortable. They didn't like for you to sit on the stairways and loiter around the stadium. They wanted you to be on your feet and walking around. I didn't enjoy it enough to pursue it a second year. To me, it was an uncomfortable job. Although it was an outing and got you into the fresh air, there were other things that you could do to accomplish the same thing.

Did you go to baseball games?

I didn't go to any of the professional baseball games until the internship years. Both the Red Sox and the Braves were in Boston at the time and actually the stadiums were within walking distance from Vanderbilt Hall. But sorry to say, I didn't get to any of the pro games during those years.

At the end of the second year I did as usual. Some of the people stayed on and got summer jobs at some of the clinics and hospitals. I applied at the end of my second year over at the Deaconess but didn't make it so I came on home and spent the summer here with the family.

Did you work at the gas station that year?

No. I'm not sure that Mr. George hadn't sold the gas station at the end of the second year. I just got odd jobs. I worked down at the ranch that summer putting up the hay crops and doing the various tillings, like cultivating the potato patches and that sort of thing. I had a good time actually, sort of a break from school.

THIRD YEAR MEDICAL SCHOOL

Vernon had interned at Long Island College Hospital in Brooklyn. When he finished he had applied and received an appointment as an intern at the Massachusetts General Hospital on the East Service. During the interim he married Louise and they moved to an apartment at 181 Kent Street which was within easy walking distance of Vanderbilt Hall. Everybody was short of funds, so we decided that if I applied my money for room rent from Vanderbilt Hall to help them out with their apartment that I could have a bedroom in the apartment. So I moved out of Vanderbilt Hall and joined them over on Kent Street. This made a satisfactory arrangement. Vernon's hours were early and he was up and away, often by six o'clock in the morning. He had to be at the General to start rounds by six-thirty. This gave me ample time to get up, fix a little breakfast, and head over to the medical school. It wasn't as convenient as if I had stayed in the dormitory, but it solved a problem financially and, of course, finances were a problem at the time.

He probably didn't get more than twenty bucks a month then. Do you remember what his salary as an intern was?

Yes, I remember it very vividly because four years later I got the same salary and the salary was nothing. You got an appointment at the hospital and they provided you with six ill fitting uniforms and gave you board and room in exchange for your internship. The attitude of the administrators of the hospital was that orderlies and nurses were hard to get, but interns were a dime a dozen.

What did he get down at Long Island? Do you know?

Same thing, zero.

Third year we were beginning medicine and surgery, and, of course, specialty courses. I had a course in medicine at the Peter Bent Brigham Hospital, which was in close proximity to the medical school. One of the professors that I had was William Murphy, who, with Minot and Castle, was working on the pernicious anemia problem. They had pretty much ironed that out and knew that liver extract would not cure, but would greatly benefit this disease. Dr. Murphy was an astute investigator and a very good teacher, except that every patient he saw, he insisted that we get blood counts and examine the smears very carefully to rule out any possibilities of pernicious anemia. This seemed, to our group, to be a little bit superfluous because pernicious anemia was not that prevalent a disease. But in looking back on it, I guess that he was trying to establish a series of patients.

I remember one amusing instance. There was an elderly Jewish lady whose complaint was that she was not able to lose weight. She had tried many modalities and had come to the outpatient clinic with the request that she have her metabolism tested. I told her that first she had to have a history and a physical examination, then she had to have a blood count and a urine examination, and we would have to talk with Dr. Murphy before she could have a metabolism test. She wasn't very conducive to all these procedures, but being a clinic patient she had little choice other than to follow the procedure. It was kind of amusing because with every examination of her eyes and ears and nose and throat she always came up with the same question, "What's that got to do with my problem of losing weight?"

We finally finished the examination. Dr. Murphy came in and she took one look at

him and said, "Who are you? You're not the professor of weight loss are you?"

Dr. Murphy was a kindly person. He mentioned her name and said, "Today you might say so. I'm in charge of the medical outpatient department here at the hospital, so any further procedures I'll have to endorse before you're subjected to them."

He quizzed me about her history and physical standings and whether she had any abnormalities. We went over her temperature, pulse, respiration and her various physical examinations. He was most interested in her blood count, which was completely normal. He told her that weight loss was a rather complicated problem and that she would have to come back for another appointment. He agreed that she needed a metabolism test and that they would test her thyroid activity at another date. She was quite disappointed that she couldn't get it all done the same day. But we learned, as we went along, that if one did these examinations and tests in a well programmed way, that it turned out better than if one jumped at conclusions.

It turned out that her metabolism test was within normal limits. Dr. Murphy advised her that thyroid tablets were not going to benefit her and might well give her a lot of side effects, which would make her more nervous than she appeared to be at the present time. He suggested that he put her on a diet and would follow her weight carefully and was sure, that if she complied with all the stipulations of the diet, she would lose weight but it was not going to be anything dramatic. This case was closed as far as she was concerned. She came back to the clinic a few times, but I lost track of her and assumed she was not satisfied and probably turned up in somebody else's outpatient clinic to see if she could do better.

In this program, where we were assigned to Dr. Murphy, there were four medical

students. One was Henry Smedal who looked more like a high school student than he did a medical student. He had fine pink skin and bright, shiny eyes and looked at least four or five years younger than anyone else in the class. This was not merely the students' appraisal, he was questioned by every instructor we ever had. They always remarked that he certainly had youth in his favor. This wasn't always true when you confronted patients, because they looked at him and didn't believe that he ought to be questioning them. He did appear much younger than the rest of us all during medical school. Later he went back to Wisconsin for his internship and I lost track of him. He died at a rather early age. The circumstances were never clear to any of the students in the class. But so far as I knew, he did good work during his practice. He was one of those people who died an early death for reasons, probably, unknown.

I remember one rather comical experience. Henry Smedal was allowed to buy a car because of the need to travel between hospitals. This became more of a necessity in the third year than it had been in the first couple of years. He bought a second-hand Nash sedan. Parking was a problem around Vanderbilt Hall, and I guess some of the students had been victims of vandalism, so he rented a garage space about four blocks away from Vanderbilt Hall. One night when he came back from parking his car he took a short cut across some empty lots. Smedal was accosted by one of the police officers and in the ensuing encounter, words were passed back and forth. Smedal, despite his youthful appearance, had a rather fiery temper and he struck this officer. There apparently was a pretty good scuffle. He didn't want to talk very much about it, but said that he had done this in self-defense and had to appear in the justice court three or four days later. When Smedal appeared in the justice court this officer was

present, armed with pictures of himself with a good abrasion on his forehead and a real shiner. The judge asked if this was the culprit and the officer said yes. The judge, as we were told, sort of smiled and said, "You mean to tell me that this kid could inflict those injuries on you?"

The officer said that he could. "You can't imagine what a buzz saw he was."

The judge laughed, "Well, this should be a very learning experience for you as an officer. I'm going to dismiss the case because if this young man can do that to a policeman, and he has pleaded self-defense, I agree with him."

We kidded Sig throughout the rest of his medical school career.

The course in medicine at Brigham was a very instructive one for me. I was certainly glad to have Mr. Murphy as an instructor. He and Dr. Minot, who was one of the senior professors in the medical school, and Dr. William Castle, later received great honors. I'm not sure they didn't get a Nobel Prize for their work on the pernicious anemia problem.

This was probably a twelve week course. We mainly were instructed by one of the staff members of the hospital. I can remember seeing interns and residents in the clinic, but whether they taught some of the other groups of students, I'm not sure. We mainly came in contact with staff members.

The third year was in the outpatient clinics?

Yes. In the fourth year we were assigned to the wards. We also, during the third year, went through the specialties of medicine. I can remember the psychiatry course. I felt quite relieved, after my first experience at the psychiatric hospital, that it was only going to be a short course. It was three weeks and was taught by a very personable and wonderful teacher named C. McFee Campbell. He was

a small man, I imagine about five feet five or five feet six inches tall and roundish. He had a heavy build but probably weighed only about one hundred fifty pounds. Despite his white and balding hair, he had a very youthful appearance. Some of the patients remarked that they would like to talk to an older man rather than to Dr. Campbell.

The first case Dr. Campbell presented was a man who had a real fantasy about some of the things he had done. He told Dr. Campbell he had been on a lengthy trip throughout the western states. He mentioned Cheyenne and his associations with the big ranches and the big cattle outfits, and that he certainly admired the work they were doing. Dr. Campbell asked him why he didn't pursue it.

He paused a little bit and his answer was, "Why should I? I just enjoyed what I was doing. I wasn't looking for work."

He went on to recite a lot of other fantasies, which to me didn't seem to be out of line. I took his whole story hook, line, and sinker until Dr. Campbell asked him some question that irritated him and provoked a dramatic response. Dr. Campbell was sitting on a chair at a desk and on the corner of the desk was a pen and pencil set. This burly fellow jumped up and grabbed this fountain pen. I guess his intent was to do a job on the professor, but the professor handled it admirably. He didn't move out of his chair. He didn't seem disturbed at all. I sure was. I thought if he stuck him with that pen, that was going to be the end of a fine teacher. But Dr. Campbell, in a calm and persuasive voice, talked him into examining the pen. He said it was a gift which he admired very much.

"I'm glad that you are interested in that fountain pen," he said. "Now, would you give it to me so that I can put it back into its holder?" And the fellow, for some reason or other, acquiesced and gave it to him.

After this demonstration, we were assigned to go into various rooms to examine and evaluate patients. I was put into a room with a rather surly individual. I felt very uncomfortable because the attendant had locked the door behind me. I didn't get much knowledge out of this particular individual. He seemed not to want to talk. The questions that were put to him didn't evoke the responses that I was looking for. Most of his answers to questions about his condition would evoke a response something like, "What's that got to do with it?"

I thought that if you went into a patient's room that it would be you and the patient but, apparently, there were places where they had a couple of psychiatric patients in the same room. Anyhow, I became a little bit worried. I had been watching my clock. They had told us that we would be rescued by a certain hour. When this time appeared and nobody had come to let me out, I began trying to plot an exit from this uncomfortable room without exciting this patient. I called to one of the attendants walking by. He stopped and talked to me through the aperture. I explained to him that I was a medical student doctor who had been put in this room to examine the patient and was to go back and give a report to one of the attending physicians. I was quite alarmed when he said in reply, "Oh, yes, I know. All you patients have weird ideas of who you are." And he went on his way.

Believe me, my anxieties were growing by the minute. Finally, it was some of my classmates who realized I wasn't with them who notified the right people and they came and released me. I wasn't able to give a very good report of my examination or consultation. The instructor laughed a little bit, "Well, you've come to the same conclusion the rest of us have, and that is that this particular patient isn't talking at the present

time.” This impressed me, in no uncertain terms, that psychiatry was not the field of medicine I was going to follow. I really had the creeps and that incident bothered me for the rest of the time we were assigned to that hospital. Fortunately, I didn’t get locked into any more rooms for experiences like that, for which I was really thankful.

The interesting thing about the Boston Psychopathic Hospital was that it was a screening place for the acute psychiatric cases. They didn’t keep the patients long, nor did they administer a lot of psychiatric care. It was more a central diagnostic hospital, and then the patients were sent to the McLean Hospital, which was over in Cambridge, or to the various specialty hospitals around the city and in the outskirts. A lot of them ended up at the Psychiatric Department at the Boston City Hospital, an institution which had six or seven thousand beds and room for almost any kind of medical or surgical case.

One of the other courses we took that year, which was a memorable one, was a course in ophthalmology. I had been leaning toward the specialties of ear, nose and throat, and ophthalmology. Later the ophthalmology part was separated and people now are specialists in either ophthalmology, or ear, nose and throat, but not combined. I had two very stimulating instructors, both very active practitioners in Boston. One was Dr. Paul Chandler, who reminded me a lot of my uncle, John Monte, in his build and in his enthusiasm for pursuing things. The other person was Trygve Gunderson, a contemporary of Paul Chandler’s. They really gave us a good course in ophthalmology. Again, it was rather brief. They taught us how to use the ophthalmoscope. They showed us and let us use the instrument for examining the sclerae. Although they didn’t let any of the students put dyes or deadeners in eyes for examination, they would apply these

drops and instruct us in the procedures that we were to follow.

This interested me, and I was leaning heavily toward ophthalmology until I ran across the chief of the hospital. He was a very talented individual, chief of the eye portion of the eye and ear infirmary, and the professor of ophthalmology in the medical school. His name was Edwin Waite, about six feet four inches and quite bald. He was a heavyweight in the field of ophthalmology throughout the country. He came in on the last day of our course to give us our examination.

I had been assigned a patient who had some kind of an opacity in one of his eyes. The problem was that the patient, I think he must have been Norwegian, couldn’t talk English. I couldn’t put across to him that I needed to examine him and look into his eyes. He would smile and point to his eye that he couldn’t see out of, but that was about as close as I was able to get to him. I put him in a little cubicle where you could close the door and have the advantage of complete darkness to use the ophthalmoscope. But the minute I shined that light toward his eye, he just backed off and I was never able to get a look at his eye.

Dr. Waite came in and quizzed me in what I thought was a rather brusque manner. He wanted to know my diagnosis. I tried to explain to him that the patient had a complaint of an opacity in his eye, but that I had been unable to approach him and I couldn’t communicate with him. He sort of whirled on me and said that was no excuse, this was one of the problems we had to learn, and that you communicate with *all* the patients who came into the infirmary. If I didn’t know what his opacity was, just to say so. I said I didn’t know what it was and the reason was that I had not been able to examine him.

“Just let me show you how this is done,” he said. He walked up to the man and pointed

to the chair for him to sit in. Then he got out his ophthalmoscope and turned the light on and shined it on the wall. The man shied just like he had for me. When Dr. Waite tried to examine him, why, he didn't get any further along in his examination than I had. He stopped, went out, and called his secretary, who came in. He explained to her that this man had been made nervous by one of the medical students and she was to stand behind him and steady his head. Well, this proved to be a failure. He ducked away from her. The professor was not to be daunted. He sent for a couple of orderlies. One of them could speak a few words of this man's language and he got the fellow to sit down. Then they explained to him that the professor was going to look into his eye. He bested the three of them. I was standing back watching this procedure and it seemed quite amusing to me that the three of them, the four of them actually counting the secretary, didn't get any further along with him than I had. Dr. Waite turned around and looked at me in a disdainful fashion, "What do you think is so funny about this whole procedure?" Of course I had no answer.

I was dismayed, when I went back to have my final conference with Dr. Gunderson and Dr. Chandler, to be informed that Dr. Waite had given me a failing grade in ophthalmology. This was quite a blow to me because I had been wanting to pursue ophthalmology a little bit further. But I figured with that kind of assessment from the professor and the head of the department, that my chances of ever getting into that would be pretty slim. I had to tell Dr. Gunderson and Dr. Chandler that I had brought this onto myself, by smiling when he had failed, as I had, to get this examination accomplished. They tried their best to convince me that this was only one incident and not to worry. They would smooth it over, and I would pass this course with good grades

on their recommendation. But I didn't; I got a C in the course, which passed me, but was no great accomplishment on my part. I exited the course in ophthalmology, and in psychiatry, as ones that I wasn't going to pursue further.

The course in ear, nose and throat was another which went by rather fleetingly. There were two brothers named Tobey who were heads of the department in ear, nose and throat. They were very busy and very prominent practitioners in Boston and probably had the largest practice of anyone in the community. They conducted interesting clinics, but there were very few demonstrations. They mostly talked about what they did with patients who were suffering with ear, nose and throat problems. The research work was going on continuously at the eye and ear infirmary, but they seemed to be too busy with their own private practice to have a great deal to do with the eye and ear infirmary. I am sure that they attended meetings and contributed to the discussions, but they spent little time in the ear, nose, and throat clinics. They were, I'm sure, capable as physicians but as sometimes happens, some of the most capable individuals are not the best instructors. They wanted to set the program and come in personally, for short times, to oversee it, and donated very little of the instruction to staff members.

Before going back to medical school I can remember going with my mother and my two sisters to a man in San Francisco who was a professor of ear, nose and throat at Stanford University. He was a very delightful individual and, after he had seen my sisters, he opined that both of them needed to have their tonsils removed. He wanted to know if I had any problems and what I was going to do. I said I had been accepted to medical school and when I told him I was going to Harvard he said, "Oh my word, we'd better take a real close

look at you, then, because when you get back there you'll bump into the Tobey brothers. They're terrible ear, nose and throat doctors. They do some of the most bizarre things that I have ever heard of."

He took a quick look at me and said that my tonsils were perfectly all right and needed no attention. He was sort of pleased, I think, to have me tell him that I had very infrequent colds or sore throats, my main problem was that I was bothered with frequent, spontaneous nose bleeds. He gave me an examination. "Yes, you have a little problem. I'm going to fix it up for you so you won't have to go back there and consult those guys in Boston, because the Lord only knows what they might recommend for you."

I'm sure this was mostly in jest, but it was quite convincing. He got a little probe and passed it through a Bunsen burner a few times and made what he called a little chromic acid bead. He cauterized the area on the septum of my nose which had been causing this trouble. I was sure thankful for that because I went through the whole four years of medical school and even through my internship and various residencies around Boston and never had another nosebleed until just a few years ago.

But the ear, nose and throat course was a short one, probably about three weeks and passed so quickly that I didn't get a great deal out of it. To me, this was a disappointing course. Most of the problems dealt with were tonsils and adenoids. The consensus was that these were mainly office procedures. They didn't say too much about sinus surgery except that it was fraught with hazards and was avoided at all costs. We were never exposed to any of the hospital patients who had been subjected to sinus operations. You spent a lot of time with a throat stick and a flashlight looking at people's tonsils. If you

used your throat stick to press on the tonsil while you were examining it for infection in the crypts or things like that, you elicited the usual cough response. Although it never happened to me, a lot of students would ask if you had gotten by the day without having somebody vomit on you. This, I guess, was quite a common occurrence and in later years I found that it happens to the best of examiners. That kind of ruled the ear, nose and throat situation out for me.

Another specialty that was not very appealing was our course in pediatrics, which was taught at the Children's Hospital just across the street from Vanderbilt Hall. This was taught by the head of the Department of Pediatrics, a Dr. Blackfan, who was very highly thought of. He had an associate, Dr. McCann, who was a delightful individual but was overshadowed throughout the course by Dr. Blackfan, who gave most of the lectures and demonstrations. Somebody asked Dr. Blackfan how he could examine the lungs when these babies and youngsters were crying at the top of their voices. He turned around and said, "I haven't heard a baby cry in the last forty years."

Then he explained that if one focused their listening apparatus on the lungs, when they took a deep breath to cry they expanded their lungs and then at the end the air went out of them and you could hear rales or consolidation and anything you were listening for. This didn't appeal to me a great deal, and neither did the complicated formulas that we were asked to write for some of the outpatient departments.

Dr. McCann was a great teacher and assisted us greatly in explaining how to write the proper types of formulas for various pediatric patients. If one followed him around enough he was the kind of person that would convince you that you could do this and that

it was pleasant and that there were always going to be a lot of youngsters to take care of and that it was a very good specialty field of medicine to follow. But even all his charming ways [couldn't convince me].

The third year was an interesting year from the standpoint that there were fewer lectures, maybe one or two a week by the various professors, and the class was split into groups and went to the various hospitals around Boston. My schedule that year was to try to make up my mind what specialty in medicine I wanted to follow. I had eliminated a few, like pediatrics, psychiatry, and ophthalmology and ear, nose and throat. I was pretty much in favor of concentrating on surgical ideas. This seemed to appeal to me a lot more than many of the other specialties. My immature but personal appraisal of the medical courses was that you treated people for problems, but that they weren't making very much headway. Of course the antibiotics hadn't come out in force.

Pneumonia was one of the prominent medical diseases. This seemed to be a situation of admitting people to a hospital ward and giving them supportive treatment. There were a myriad of oxygen tents on a great many of the medical wards. The mortality rate was quite high. I guess it was one of those things that you had to expect because, other than aspirin and oxygen therapy and prayer, there didn't seem to be a great many things that could be done for these people.

The diabetics were well taken care of. Insulin was used on the severe cases and they knew about dietary adjuncts for the disease and controlling weight, and the meticulous care for the extremities because of the ulcerations and phlebitic complications that were prominent in diabetics.

We were exposed to the Joslin Clinic in Boston, which was a world renowned

institution. I must say that Elliot P. Joslin, the founder of the clinic, was a delightful individual and seemed to enjoy all people as a rule. He exemplified the attitude that you hear over television now and then from the financial investors who say they judge their success by one investor at a time. This, I am sure, can be taken with a grain of salt, but Elliot Joslin was very sincere and never seemed to be in a hurry with any of his patients. The other thing that impressed me about Dr. Joslin was that he had a son who was a classmate of Vernon's.

In later years Vernon's son Bill developed diabetes and wound up at the Joslin Clinic. He was put on a good regime and has followed the instructions to a tee. At that stage of the game the life expectancy for severe diabetics was considerably shorter than it is now and the prognosis given him was a grim one. But Dr. Joslin said that those are just statistics and if you mind your p's and q's, take good care of yourself, and follow all the instructions, you may exceed the years these statistics indicate. This certainly has been the truth. Bill is now fifty-five and his prognosis was that he might not be here by thirty-five.

Did you rotate as a student through the Joslin Clinic?

No, we did not. I'm not sure there were any groups of students who went there as a group. It was a private clinic and although Dr. Joslin gave lectures in the medical school, I don't think he ever had students who attended as a group.

Another impressive statement was made by one of the medical professors who was lecturing to us about kidney disease. He was kind of a comedian and always had a few stories to tell before he started his lecture. The lecture he gave us on nephritis started

out something like this: "Gentleman, today we will consider nephritis. Ostensibly, there are two types of nephritis, acute nephritis and chronic nephritis. Treatment for each is the same and it availeth nothing."

This brought the house down. Then he gave a very erudite discussion of the diseases, and we found there were quite a few things that could be done for both types of the disease. But at that stage of the game there didn't seem to be very much enthusiasm about the fact that the cure rate was not very high. This, to me, was a rather discouraging view about medicine in general, so I leaned the other way, where I felt that people were doing things for patients which would be life saving, like, for instance, taking out a gangrenous appendix or removing an acute gallbladder. Having a seriously ill patient respond was quite impressive to a medical student and I'm sure a lot of the students made up their minds just by seeing various things done. This is not to say that one specialty is superior to the other but, to me, surgery was more appealing. I'm sure that to some people the thought of anaesthesia and incisions and blood loss et cetera were quite revolting to them.

My next course in the third year was a course with Dr. Robert Linton in what they referred to, at that time, as the dog laboratory. This was a delightful course and Dr. Linton was an especially good teacher.

I think I mentioned earlier that he had called me on the telephone and said that he had been appointed as my advisor. His counsel, when he called me, was that this class had been picked over very carefully before any of us had been admitted. That if we would just mind our p's and q's and demonstrate that we were interested and do our studies, we would find that the school would go to all extremes to insure we got through. He said they hated to see people drop out or flunk

out, and concluded by saying that if I had any problems, to call him but that he would not communicate with me anymore unless acute problems arose and he was notified through the faculty.

He was an excellent surgeon, and actually, at that time, was a visiting surgeon on the Massachusetts General Hospital staff. He had gone through the emergency ward, which was usually done by the younger surgeons, and in my estimation should have had senior surgeon's status, although he was in the intermediate stage at that particular time.

Was the dog lab oriented for the guys who were particularly interested in surgery? Did everybody go through that?

Mainly, just the students who were interested in surgery went. It was a special course and directed towards the people who had leanings toward surgery. It was a laboratory that was used by the doctors on the staff and by research people.

It was interesting to me that it was referred to as the dog laboratory. After Dr. Linton's first lecture he said, "We'll now go down and get to work. We're not going to work on dogs, we're going to work on pigs."

I guess that dog laboratory is an all-encompassing term. I'm sure it's referred to as the dog laboratory in all the other medical schools. A lot of other functions are carried on there on other animals besides the canines.

You had small pigs, I gather?

Yes, I imagine they were seventy-five pound animals, probably twice the size of the suckling pig that is used for Christmas dinners. They were very good animals to use as specimens. Dr. Linton explained to us that pigs have a very high resistance to infection.

Also, the abdominal skin and musculature of these young porcines, in makeup and texture, was quite similar to the human abdominal wall. This would give us all real good experience at going through live tissues similar to our own anatomy. The intestines and the gallbladders were quite comparable in size and in anatomic arrangement to the human anatomy and were ideal specimens.

In our first experience we had this animal anaesthetized, and it had an endotracheal tube in place and was hooked to a little electric machine which supplied oxygen. And ether was fed into the tube to keep the animal asleep. We were just to make about a three or four inch incision through the skin and subcutaneous tissues and then stop when we came to the fascia of the rectus. We were told to rinse it out thoroughly and to re-approximate the subcutaneous tissues with plain catgut sutures. Then we sewed up the skin with silk sutures. This was quite an experience.

Dr. Linton went on to explain to us that sometimes some of the students who seemed quite bold when they first came to the class might be overcome by making an incision into a live animal. If anybody felt weak or faint, not to try to tough it out, but go over and sit down. "If you persist in thinking you can talk yourself out of it, you might fall and hurt yourself."

Fortunately, no one in our group had any of these problems. Dr. Linton came around and saw all of us. He had a couple of assistants, probably interns or maybe residents at the hospital, who assisted in this class. They were quite observant and made sure you tied square knots. At the end of class each of us was provided with a little package of silk and catgut sutures and told to practice tying knots. Dr. Linton told us we would be back in a week to see how these animal's incisions had

healed and we would then proceed farther. "I'm not going to tell you exactly what you're going to do but we'll progress. Before you get through with this, you will have learned how to do a side-to-side anastomosis in the small intestine. Some of you will remove gallbladders. I think you'll have a good time."

I think this was the heyday in my third year medical school. This pretty much convinced me that surgery was the field I was going to choose and try to follow. This was a month course. We, of course, had lectures by other people on the surgical staff during this. I can remember some of the lectures that Dr. Smithwick gave us. He was Reginald H. Smithwick and an expert general surgeon. He was a good looking, clean cut individual, noted mainly for his work on the sympathetic system. I can remember years later helping him on sympathectomies of all sorts. He, for a long, long period, had a hospital full of patients that he was doing complete sympathectomies on for the control of hypertension. He was the subject of a lot of criticism, but this didn't seem to bother him a great deal. His attitude was that hypertension was a very devastating problem. Up to that time there weren't good methods of treatment. He would always point out that somebody who was in his early thirties, who had suffered a stroke and was a paraplegic, was going to have a very difficult life. He said that until somebody came along with something better to lower blood pressure, this was the avenue to follow. He was a brilliant researcher and always in contact with people all over the country. There was a man in Cleveland that he used to quote on many occasions. This man was working on a product that the kidney put out called renin, and felt this had a lot to do with causing hypertension. He was sure that eventually drugs would be discovered that would help

control this rather severe problem, but at this stage, they hadn't come along.

I also remember a very impressive lecture and demonstration given by Dr. Churchill. He was Edward D. Churchill, the John Homans Professor of Surgery in the medical school. He had attained this position at a very early age. I think he was about thirty-three when he became a full surgical professor. He was an excellent lecturer, an excellent teacher, and I found out in later years, an excellent surgeon and an excellent head of the surgical department. He was one of those people who had a sixth sense about everything. He was always coming forth with the statement that most people could observe and grasp the obvious, but what we needed to cultivate in ourselves was to observe the obvious and digest it quickly, and then search for the more difficult problems that were hidden and causing trouble.

This was a stimulus to thought. It certainly gave an inspiration to work harder at things and to be more observant and to just do things better.

Was he the chief of the department at this time?

Yes, he was a professor and head of the department.

Who were some of the other fellows? You mentioned Dr. Linton. Did he become the professor?

Dr. Linton, later, was head of the vascular clinic at the hospital. Dr. Arthur W. Allen was a magnificent general surgeon. He was classed as an abdominal surgeon, but he could do anything. He did thyroids and gall bladders and colon resections. He occasionally delved into some of the less complicated vascular surgery. Dr. Leland McKittrick was also a

senior surgeon. He was a very prominent abdominal surgeon. He stuck mainly to abdominal surgery, although occasionally he would do a radical breast.

Although he was becoming inactive and had reached the retirement age, Daniel Fisk Jones was a general surgeon. His forte was that he introduced the Miles Operation for cancer of the rectum at the Massachusetts General Hospital. He was an excellent surgeon himself, but not a great teacher. He seemed to have an inherent dislike for interns and young surgeons. One time he made the statement that an intern's hands should never touch a gallbladder. You would hear rumblings, periodically, from some of the interns and residents: "How did Dr. Jones think that any one was going to learn how to do these unless they were guided through them?"

Several people were of emeritus status. One of them was an elderly surgeon named George Washington Wales Brewster. He was probably in his seventies. He came and gave us a lecture. I think Dr. Linton wanted the students to be exposed to some of these high and mighties. His credo about surgery was that you needed to use speed and large suture material. Number one chromic catgut was much easier to tie than #0 chromic catgut and also, it's stronger. But he was a character. He had developed quite a tremor by that time but was not bashful about it. "Sometimes when I make an incision," he said, "it looks a little bit serrated, but it heals just like it would if it were a straight line."

Were these guys doing chest surgery yet?

Dr. Churchill was doing chest surgery. He was the one who developed the thoracic surgery service at the Massachusetts General Hospital. When you look back on it, it was quite a specialized entity and one that should

have the complete attention of an individual rather than having all the surgeons on the staff trying to do both abdominal and thoracic surgery. He had the right idea in that respect.

Thoracic surgery was his forte even though he was mainly doing chest surgery?

Yes. In the year I was taking this surgical course, he had done an operation for an infected pericardium and did a total pericardiectomy. The patient who had this problem was demonstrated to us in one of the clinics, and after he had recovered, he was again demonstrated. The result was just miraculous. A very invalided individual had been restored to a normal, healthy individual.

That about wound up the third year.

On a couple of occasions I had gone with Louise to visit her family in Easton, Pennsylvania. Vernon and Louise had been given a car as a wedding present, a Buick sedan. It was not one of the big ones but it seemed like a pretty high-powered and high-classed piece of machinery compared to the cars most medical students or interns had. This car must have had something wrong with it because it was the hardest car to start that I think I ever saw. Both Louise and Vernon complained about this idiosyncrasy, but nobody ever found a solution and it was something they just put up with.

I met Louise's parents. Her father, especially, had foot problems. He said that he was not a diabetic but since diabetes turned up in their son Bill Cantlon that probably was the gene that brought it to him. Louise's father, at the time, was complaining about his feet and said that he had developed ulcers on his feet. They had given him a new treatment and had cured these ulcers by giving him x-ray treatments. Of course it didn't cure him; it made him worse and he finally had

to be hospitalized. Somebody put some full-thickness grafts on the bottom of his feet. He was always making the statement that he would take me around Easton and show me some of the places of interest, but was unable to because he couldn't walk more than half a block before his feet got to hurting. He was always complaining about the loss of feeling in the soles of his feet from the skin grafts.

We had a couple of good weekends there. One of Louise's relatives, her uncle Howard Regal, was a real nice individual. He owned the Regal Paper Company, the company that made drinking cups, and had been very successful. He and his wife, Perla Regal, had us over to their house for dinner on a couple of occasions. But that was about the extent of travel during the third year.

Vernon had to stay and work. Internships in those days were twenty-four hour a day jobs. On the East Service, which was the one he was on, you had every other Sunday off, quote: "If you had your work caught up," unquote. Usually whoever was on the other service for that weekend would cover for you on emergencies, but otherwise you were pretty much on call and not many arrangements could be made for time off.

Did Vernon meet Louise in the East? She was an eastern gal originally?

Yes, she had never been out West. He met her while he was in medical school. She was going to a finishing school in Boston. I guess finishing schools are still quite prevalent, although I was not familiar with the school when I first heard of a finishing school.

Anyhow, at the end of the year I came home for summer vacation. I was glad to see all the family and, of course, to see Tick and be reassured that I still had a girlfriend. We had a good summer. She had a summer job

that year working for the Ginsberg jewelry store. My job at the service station, of course, had long vanished, so I helped out with chores down at the ranch and helped my uncle with the crops and stacked hay. In between times I took a few weekend trips to visit John Welch up in Gerlach. Also, my uncle was justice of the peace in the Wadsworth Township and he got me a recording job at some of the coroner's inquests and at some of the court hearings. I would take notes and then transcribe them and type them for him. I got paid for these, which was a good boost to the remuneration.

One time he submitted one of these reports to Elwood Beemer, who was a longtime county clerk here in Reno, and his secretary commented on the neatness and thoroughness of the report and asked him who did his typing for him. My uncle came back to the ranch and told me. We both had a good laugh. He said that she was impressed with the fact that I hadn't made many erasures on the sheets. I told him that I was glad that neither he nor she knew that I had discarded a lot of sheets and typed them over.

It seemed to me that summer vacation went by very quickly. My mother, Tick and I had a short trip to San Francisco for a weekend. It was a quick shopping tour and an outing. That, plus a couple of weekend trips up to Lake Tahoe for outings on the beach and then it wasn't long before September rolled around and it was time to head back for my last year in medical school

You didn't work with any of the local docs or go on any rounds with them or have any communications with them that summer?

Not really to speak of. I had to go see Dr. Stadtherr on one occasion. I had an upset stomach and kind of a bellyache. He cured me real quick by telling me that I should go

right to the hospital; that Louie Lombardi was home on vacation and that he would let Louie take my appendix out. I told him that I was feeling much better now and that we'd consider this if I had any more trouble with my appendix. I still have my appendix so I wonder whether that was it.

FOURTH YEAR MEDICAL SCHOOL

With the small amount of money I made over the summer, augmented a little bit by my secretarial activities, I went back to Boston for the fourth year. I was lucky. I had put in an application to be a student house officer at the Baker Memorial Hospital. They used to hire four students to take histories and do physical examinations for the staff doctors. Just before I started back, I was notified that I had been successful in getting that appointment. So that solved the room and board problem for that year. My only expenditure was for fourth year tuition.

I went with Louise one weekend to Easton, Pennsylvania, and bought a car. I felt I really needed it because the General was about four miles from the medical school, where we still had to go for some of our lectures. Transportation by the elevated, and the subway, and the streetcar was not always convenient. It was always extremely crowded and oftentimes trains would go right through the station without stopping and people would be late for class. I found a nice two door Plymouth coupe. It seemed in good shape and I got Louise's Uncle Howard to have his chauffeur and his maintenance people check it out. They all thought it was a real good buy; it had low mileage and looked well cared for. The chauffeur's remark was that it had his favorite kind of tires on it. I think the price of the car was four hundred dollars; I dickered with them. Uncle Howard's

chauffeur came down and helped me with the dickering, and he got them to say they would pay the licensing fees.

Vernon had gotten on the train and had come down to spend a couple of days and I asked Vernon about instructions on how to get back to Boston. He lined me out getting out of Easton and then said to get on the Boston Post Road. "The best advice I can give you is that if you're not in a lot of traffic you're on the wrong road and you'd better turn around and get back where all the traffic is."

I made one mistake on the trip but got back into the flow on the Boston Post Road, and got back into Boston in good time on Sunday evening and was able to do my job at the hospital taking histories and doing physical examinations. Occasionally you had to group and cross match donors and list them in a book for reference in case they were needed as blood donors for various patients.

Fourth year was quite a busy year. We had several excellent lectures in medicine. Dr. Henry Christian was a very impressive lecturer and was probably the dean in the medical hierarchy in the medical school. By that time Dr. Cushing had moved on and Dr. Elliot Cutler became the Moseley professor of surgery. The impressive thing in this particular year was that we had a little more freedom of movement. Following the lectures in medicine, surgery, and various specialties, you had a chance to go back to the library for references. Because I had wheels, I sometimes would drive back and in my spare time would take histories and do physicals on any patients that had been admitted early in the day. That would give you a little more leisure time for reading in the evening. If you only had one or two histories to do, why, it didn't take you long and it was better than having five or six to do, which sometimes was a chore.

We ate down in the dining room with the house officers. There were a lot of complaints about the food, but it was tolerable. This really got me by a financial problem. If I hadn't had that job, I certainly never would have been able to get the car.

Did they pay you a salary, too?

No, there was no salary, just room and board. Gasoline was nine cents a gallon. There were four or five stations along Charles Street and periodically I was able to go down and buy gasoline for seven cents a gallon. Once I had a dollar bill in my shirt pocket and I handed this to the attendant. He came back, "Well," he said, "it's full and you still have some change coming. Do you want me to give you the change or do you want to come back and get the rest of the gas later?"

I was in a hurry so I said, "Why don't you just keep the money and I'll be back and get the gas later." But that was really a bonanza.

With the exposure at this job at Baker Memorial I really got the feeling that I was learning a lot about medicine and surgery and the various allied specialties. The doctors would call and ask about some of the things written in the charts. Then they would expand on them and explain why these complaints had come about. They were all quite good about instructing you and keeping you alert as to some of the pertinent questions that you should ask. They were also very explicit and would counsel you if you didn't do something to a patient; if you didn't look in the eyes with the ophthalmoscope or if you had not examined the breasts or felt for nodes in the axilla. This happened not infrequently because some of the patients felt that they were being intruded upon and just asked you please not to do these examinations. The doctors would say if you don't do them, write in the chart

that you didn't do them so that somebody else will be sure to do them. If you don't do a rectal and check it off as being negative, it may be omitted and a serious tumor may be missed just through a technicality.

The Cabot Clinics, of course, were super. These were held every week and I always made it a point to be there if I possibly could. They were extremely instructive and we, by that time, could understand more of the jargon and reasoning that went on. Also, the heckling that went on between Dr. Cabot and some of the other consultants became more meaningful.

One of the highlights of my fourth year was an elective course in children's surgery that was offered. Head of the Children's Surgery Department was a surgeon named William E. Ladd. He was a real expert and had a wonderful reputation as being almost a magician with some of the things he did to these children and infants. I had to have an audience with him as one of the requisites for taking this course.

One of the things he asked me was, "Are you pretty good at tying knots?"

I wondered if this was a catch question and didn't really know how to answer.

I hesitated a little bit and he said, "Well don't be bashful."

Then I said, "Yes." I felt I could tie knots quite well.

"Well, there's one way to find out." He got up and went over to a desk drawer and pulled out a couple of strands of silk and held his finger up, "Just show me how you tie a knot."

First I did a two-handed knot, which is something that Dr. Linton had always impressed on us.

He said, "Learn how to do it with both hands. Later there will be variations."

I tied this knot to satisfaction.

"Now let me see you reverse it and let your left hand be the dominant hand."

I was able to do that.

"Can you tie a one-handed knot?"

I was hesitant. "Dr. Ladd, some of my instructors have told me that you shouldn't tie one-handed knots."

"Then I take it that you can? Show me."

So I tied a one-handed knot for him.

"OK," he said, "that's very good. Now take the advice of your instructors and tie them with two hands and don't do anything fancy. You can be enrolled in this course. You'll be assigned to Dr. Mahoney. Dr. Mahoney has an office down the hall. I'm going to take you down and introduce you to him because you'll start this course a little bit later in the day."

Dr. Mahoney was a delightful young surgeon and put on a very good impression. He had a good fitting suit of clothes on and was a dapper individual with a lot of spring in his walk and a lot of joviality in his conversation. "I'm glad you showed up. Let's go down to the operating room. We have a couple of hernia operations to do and I think they ought to be about ready. I want to show you where you go to change your clothes and we'll look at the schedule and decide when we'll meet again."

He went through all these procedures. He was glad that I had learned how to scrub and not contaminate myself when I put on gown and gloves. He wanted to know, had I assisted in many operations? I told him I had assisted in a few because I had a job as an extern at the Baker Memorial.

"Oh, that's great," he said. "I had that job when I was in medical school. It really is a great boost to students who want to go into surgery to have a job like that because you get a lot of exposure."

He did two hernia repairs on a couple of infants that afternoon. He explained to me that they operated just on the side where a definite hernia had been diagnosed, that

they were not proponents of the theory that you should explore both sides. He said that bilateral hernias in infants were not as common as everybody thought. A lot of groins were explored that really didn't need to have been. He showed me what they did. It was a routine Ferguson repair of a hernia, where you expose the cord and separate the sac from the cord and ligate it and drop the stump back into the peritoneal cavity and then just repair the inguinal canal in an anatomical fashion. He let me sew up the skin on the second procedure and felt that I had done a satisfactory job.

He told me to be there the next morning at ten. "I think that will give you time to get to your lecture and then be over here because it's only about a fifty yard walk from your lecture hall over here to the operating room. I'll be all ready to go."

This was at the Children's Hospital. Every morning you had to appear for a lecture at nine o'clock at the medical school. After the lecture I went over to the Children's Hospital and arrived just a couple of minutes after ten o'clock. Dr. Mahoney said, "You're right on time. The anaesthesiologist had something or other happen and she's a couple of minutes late. She'll be here shortly." We walked into this operating room and this infant, probably sixteen or eighteen months old, was prepped and draped. "This youngster has a left inguinal hernia. You saw what I did yesterday." He handed me the scalpel, "You do the same thing for me today."

I was absolutely flabbergasted. I was really tense but so happy and excited that he had this much confidence in me that I didn't hesitate. I went right ahead, made an incision like he had done the day before, and clamped the bleeders and tied them off. He was an excellent assistant and I had very little trouble finding the sac of this hernia. It was

a fairly large one; you could almost see the outline. We divided the cremaster muscle and dissected this sac free, tied it up, and tied off the stump. Dr. Mahoney explained to me that he liked to do a first tie around the stump, then reinforce it with the suture ligature, then drop it back into the peritoneal cavity and sew it up.

"Well, that's hernia number one for you. Would you like to do another one?"

We went out and had a glass of fruit juice and some cheese and crackers. The orderly came and told us it was time to scrub. He let me do two inguinal hernias the first day in this course. It was a great experience. At the end of the month, this is hard to believe, but I had, as a fourth year medical student, done thirty-one inguinal hernia repairs on kids.

Did you do other things as well?

No, we did hernias. Oh, I helped him with a lot of other things. He did several Ramstedt operations for pyloric stenosis. Dr. Mahoney was a good technician, a real good operator, and an excellent teacher. He talked about all the pitfalls and the complications that one might get. He made these things sound just picture perfect, and the way he did them, they turned out just that way. He was really a great instructor and this course was wonderful. When I had finished that course, I felt that I was on cloud nine and thought, well, there can't be anything better than that. The powers that be really had my interest in their hearts when they let me be accepted to take that course.

Was that early in the fourth year?

That was along toward the end of the semester in the fourth year.

We were granted two weeks off for Christmas vacation. One of my classmates,

who lived in Wisconsin, for some reason or other, was not going home for Christmas. He called me up and asked me if I was going to go home for Christmas. I told him I was and he said, "Could I substitute for you at the Baker? The dining hall will be closed and this will save me a lot of money if I can work and it will be a convenience to be able to eat there in the dining room. Also, I'll have access to the hospital library. It'll be just great."

So I said fine, this was good.

He wanted to know, did I have a radio in my room?

I told him that I had a radio but that it had burned out a tube and I would get one before I left.

"Oh, no, don't bother. I'll bring mine down."

I told him that, at the hospital, they had direct current rather than alternating current. He must have forgotten this little variation because, he said, when he came down, he unplugged my radio and plugged his in and when he turned it on, smoke started coming up out of the radio and it was completely ruined. Fortunately, it was not an expensive piece of machinery and I think he replaced it for about fourteen dollars, so it really didn't amount to that much.

You had some kind of an alternator reverser on yours?

No, I had bought mine from a hockshop down close to the hospital, and it was a direct current radio so it worked all right.

INTERNSHIP

I had made up my mind that I was looking for a surgical internship. The three hospitals I was most interested in were the Massachusetts General Hospital, the Peter Bent Brigham

hospital, and the Boston City Hospital. The Boston City Hospital had what was known as a Harvard Surgical Service, under the charge of an excellent surgeon who went by the nickname of "Ike" Walker. In all the school years I never heard a proper name for him. He was touted as mastering a very good service at City Hospital, which was called the Fifth Surgical Service. Tufts and Boston University each had a couple of surgical services at City Hospital, so all three medical schools in Boston were represented. Competition was quite keen. There were several local students. I should qualify by saying that they were Harvard College graduates and had members of their family or relatives on hospital staffs, and one always wondered what an outsider's chances would be. But this was neither here nor there; you had to think big, do your best, and apply to the places you were interested in. Fortunately the field narrowed considerably because a majority of the students applied to hospitals in their own communities. This lowered the pressure somewhat. I talked with my advisor, Dr. Linton, and he had asked me if I was interested in applying at either Stanford or the University of California. Of course, one is always interested, and the thought of being left out completely crosses everyone's mind. He looked at me with an insecure look, "Of course, your chances of getting an appointment at either Stanford or California would be quite slim, not having done any work there. I guess interviews for you there would be out of the question because of the distance. Maybe what you'd better do, is apply to the local hospitals here in Boston." So we settled for that.

The applications for internship were rather routine. You wrote a letter on a form application. One of the questions was, I thought, rather redundant. It said: "Why are you applying for a position at this hospital?"

I thought the answer was self explanatory; you were applying because you hoped to be considered for an appointment.

The committee at the Massachusetts General Hospital was comprised of Dr. Churchill, who was Chief of the West Surgical Service; Dr. Arthur Allen, Chief of the East Surgical Service; Dr. Marius N. Smith-Peterson, Chief of Orthopedics; and Dr. George G. Smith, the Chief of the Urology Service, who was really encouraging me to specialize in urology. This seemed quite interesting. I saw him on several occasions and he even invited me to his house for dinner one night and made a strong pitch for me to pursue the specialty of urology. I've thought about this in later years and have wondered if that wouldn't have been a wise move, but as the fates turned out, I skipped that line of thought.

The fifth member of the consulting panel for these internships was a man named Dr. Oliver Cope, who was an excellent surgeon and had done a lot of research in parathyroid surgical treatment and was a real good investigator. He was hot on the trail of finding out what the role of potassium was in the restoration of surgical patients. Although this was quite in its infancy, he proved that potassium was a very important element and was finally able to show that if this element wasn't paid a great deal of attention to, that surgical results and the outcome of seriously ill medical patients could be greatly hampered. He was a stickler for details. Although he was an excellent teacher and an excellent surgeon, he, in my estimation, seemed quite critical of medical students. I was sure he would be someone who would really put me through my paces if I confronted this committee.

The others seemed more friendly and tried to put you at ease in all sorts of situations that you might encounter on the wards.

All of us had a lot of contact with heads of departments. I'm not sure that this is so common anymore in hospital teaching.

The committee at the Peter Bent Brigham Hospital, which would have been my second choice, was made up of Dr. Elliott Cutler, who was Moseley professor of surgery in the medical school and the successor to Harvey Cushing; Dr. John Homans, who was one of the senior surgeons at the hospital and had written a very good textbook of surgery; and Dr. David Cheever, who was an excellent surgeon and a delightful individual. He was always friendly and treated you almost like a member of his family. He went out of his way to be helpful in the way of advice and instruction and I felt he was one of the master teachers of the whole medical school. His lectures were always very stimulating. The other member was a surgeon named Francis Newton, who was likewise an excellent surgeon but we had very little contact with him. He was probably one of the busiest surgeons in private practice from that hospital. He had a brother associated with him, and between the two of them they, it seemed to me, had a large percentage of the patients who were admitted to the wards. Although we saw them occasionally, at maybe an hour clinic or something like that, they seemed to be more occupied with their private practices than with teaching.

City Hospital had a similar committee. This was chaired by Ike Walker. There was a urologist on the committee who was a comical individual because he was not beyond using rather apt words in his descriptions of disease. He never referred to gonorrhea as such; he always called it the clap. His explanation was that everybody knew what that was, but not very many people knew what gonorrhea was. There was another surgeon on the committee that I had not had any contact with, either

in courses or any of the clinics on the wards. There was a gynecologist named Hal Duncan, who was a very good teacher and quite helpful in the various clinics around the hospital. But he, likewise, was a busy young OB and GYN teacher and other than the clinics and demonstrations that he held, we didn't see a lot of him.

A great deal of time was spent in the library that year, both at our hospital library and the library at the medical school. The hospital library was very well equipped and well supplied and was close at hand. We made many trips to the big library at the medical school, mainly searching out articles in preparation for applying for internships and reading at length the various types of questions you might be asked at these examinations.

Did you have a regular exam or was it just a simple interview?

It was an interview by these committees that I have mentioned. There was nothing written. It was an interview to find out, in part, how much you had gathered in the way of knowledge about surgery and also, I think, to judge your personality and how you reacted under pressure. And I'm sure that everyone who went was under a great deal of pressure.

My first appointment to interview happened to be at the Peter Bent Brigham Hospital. It was pretty amusing, in many respects, as I look back on it, but at that time was quite a frightening experience. That doesn't seem like a very good adjective to describe the interview but, at any rate, it sure let the air out of my balloon. I was introduced by Dr. Cutler to Dr. Homans, Dr. Cheever, and Dr. Newton. That particular day Dr. Cutler's associate Robert Zollinger sat on the committee for someone; I don't

remember who. Dr. Zollinger was a happy go lucky and jovial guy that we had a lot of contact with on the wards. He had been very active in taking Dr. Cutler's clinics on occasion when, I imagine, Dr. Cutler was away speaking. After the usual round of introductions, the professor started off by asking me what I thought my chances were of getting an internship at the Brigham Hospital. I found that to be a rather pointed and very difficult question to answer in a very tactful manner. My gut feeling at the time was that my chances here were nil. I couldn't answer in that respect. My answer, I'm sure, was one that was amusing to the committee, because they all chuckled. I probably answered that I felt I had done good work at the hospital clinics, that I had participated as a student assistant at some of the operations that Dr. Homans and Dr. Cheever had done, that I felt the Peter Bent Brigham Hospital appointment was one of the most cherished in the medical school, and that I would feel very honored and rewarded if I were chosen as an intern.

With that Dr. Cutler smiled and said, "Is this your first choice?"

I said that I had applied to the Brigham Hospital, to the Massachusetts General Hospital, and to the Boston City Hospital, and that wherever I got an appointment, I felt that would signify my first choice. I would be happy with any of them.

He laughed, "Well now, you've got to have a first, second and third choice. You're sort of beating around the bush when you don't come out and say. I know that the Brigham is not your first choice."

I didn't know how he knew that, but I felt my chances of getting an appointment there were waning. But anyhow, I did not commit as to what my first choice was.

"Let's get on with this interview. I have only one question to ask you. I'll be interested

to know what your answer is because I haven't had an applicant in the last couple of years who knew the answer to this."

That was kind of a frightful situation. I thought, oh boy, this is going to be a real easy way to "ex" me from an appointment at Brigham.

"How many milliequivalents of sodium are there in a liter of normal saline solution?"

I was honest and forthright. "Dr. Cutler, I don't know."

He looked at me and laughed, "I don't know either. I'd sure like to know the answer. I haven't found anybody who knows it yet."

Whether this was true or not, on his part, I knew it was true on mine.

"No further questions."

Dr. Homans said that he knew me well, that I had made a good appearance, and he wished me luck. Dr. Cheever smiled and thanked me for coming to the meeting. Dr. Newton merely nodded his head and smiled and said he hoped to see me again soon. Dr. Zollinger smiled, stood up and came over and shook my hand. "Ed, we all wish you luck and hope to see you later."

With that, the interview ended. I started to walk out the door. Dr. Cutler called to me and walked over, "Well Cantlon, you made a good appearance. I don't want to keep you in suspense, I merely want to tell you that you are not going to get an appointment at the Peter Bent Brigham Hospital. But I can assure you that you will get an appointment at the hospital of your choice."

With that I left. I truly felt that I was out on a limb. We had about a week to mull things over. I tried to find out what the answer to the milliequivalents of sodium in a liter of normal saline was, but I have to admit, I was not successful in my quest. I think that somebody like Dr. Cecil Drinker or Dr. Garland might have known the answer at the

snap of a finger, but I didn't feel that I ought to ask them. We carried on with our studies and various clinics.

I had an appointment, about a week later, at the Massachusetts General Hospital. It was held in one of the conference rooms in the Bulfinch Building. Dr. Churchill, Dr. Allen, Dr. Marius Smith-Peterson, and Dr. George G. Smith, the head of the urology department, were the interviewing committee. They made you feel right at home. They all stood up and shook hands when I came in and seemed to exude a great amount of warmth and friendship. I was asked whether I would rather be seated or stand in front of the group to be questioned. I deferred by asking them which would be their choice in the matter.

Dr. Churchill promptly said, "Well then, why don't you have a seat, in case this is a long session."

This sort of ran a small chill up your spine. The questions were started by Dr. Cope, who I felt would be the one who might ask most of the sticklers. He started off with a rather basic surgical question. "If you were doing a surgical operation and inadvertently cut a vessel that you didn't know was present and suddenly were confronted with a brisk amount of bleeding which obscured your vision, what would you do?"

"Dr. Cope, I would apply pressure to the area that was bleeding and would then use the suction tip and sponges to clear the field of view and then be quite meticulous in trying to sap just the bleeding vessel rather than to pursue it blindly by trying to clamp something through a bloody field."

"You've learned your lessons correctly. One of the most injurious things that can happen during a surgical operation is for one to get excited and to start clamping blindly through a pool of blood. You sometimes do

more harm than you do good. You seldom clamp the bleeder when you do that.”

He then passed and said he had no further questions. I then was questioned by Dr. Allen. He asked several pertinent questions regarding surgery which were rather routine. I knew him better than any of the other members of the committee; Vernon was an intern on his service and he thought very highly of Vernon. I had accompanied Vernon and Louise on two or three occasions to the Allen residence and he was always friendly and full of advice. He also quoted a lot of Dr. Alton Ochsner’s Cajun stories. Dr. Ochsner and he were quite friendly.

One of the rather pointed and rather difficult to answer questions was, “What did I think of my chances of getting an appointment at the City Hospital?”

I said that I didn’t know, but that I felt that I wanted to cover all the bases. Dr. Ike Walker had a very good reputation for running a good teaching service, and there were several of the younger staff members who had spoken quite highly of him.

Dr. Allen said, “Did you know that City Hospital has the highest number of complications of any hospital in Boston?”

I said that I did not know that.

Dr. Allen said in passing, “I would rather see you at the Brigham or at some other hospital than I would at the City Hospital.” Before I could say anything, he added, “How does that strike you?”

I said that I had an appointment to their application meeting and I fully intended keeping the appointment because I thought it was my duty to be courteous. He then said he had no further questions.

Dr. Smith-Peterson smiled and asked a few questions about Colles’ fractures. One of those I remember rather vividly was, “How long does it take for a Colles’ fracture to heal?”

I said I felt that it took four to six weeks.

He practically stomped his feet, “But in the fracture textbooks it says that Colles’ fractures heal in three weeks.”

I said I was cognizant of that. I said I had seen, in the clinics, several people who had Colles’ fractures and when looking at the x-rays, it didn’t seem to me, or to the radiologist, or to the people who were treating them, that the fracture had thoroughly healed in that time.

“You’re quite right. It takes four to six weeks. And then it takes almost that much longer for the person to get full motion of his hand. Just remember that in your later days.” Then he passed.

The urologist was very nice. He asked me if I got an appointment, would I still be interested in pursuing urology? I felt the wise thing to say was that I would, although I had almost made up my mind, in the clinics and demonstrations, that I placed it in third position with surgery being first, maybe gynecology being second, and orthopedics and urology being tied for third. But he merely smiled and said that he had no further questions.

Dr. Churchill, strangely enough, dismissed me by thanking me and saying that he had no further questions. When I left, I had the same feeling that I had when I left the Brigham Hospital. That was one of indecision. I felt I had answered the questions honestly and tactfully but it was difficult to know. Dr. Cope’s appraisal and Dr. Allen’s comments about City Hospital sort of left you up in the air as to what they really had in mind. But the appointments were announced within a couple of weeks. I was really gratified and most happy to be notified by Dr. Allen that I had been chosen as a surgical intern for appointment at the Massachusetts General Hospital. My appointment would start in

April of 1937. They chose eight interns. Two would start on the first of July, two on the first of October, two on the first of January, and two on the first of April.

In other words, the year after you finished medical school?

Yes. This left me with a very gratified feeling. I had at least gotten an appointment, but it left me with a hiatus of nine months where I would be idle. I mulled that over for a while and made an appointment with Dr. Bob Linton, who was my advisor, and asked his advice.

“There are a lot of short appointments that you can apply to, such as neurology or neurosurgery,” which they offered there at the hospital. “Why don’t you confer with Dr. Churchill and Dr. Allen and see what they think about you applying to one of the hospitals in your area. I would suggest either the University of California or Stanford. See if you can get an appointment in pathology for six months. That would be my best advice, but ask Dr. Allen and Dr. Churchill for their advice.”

This was something I had not thought of on my own. I had always been quite interested in the pathology lab at the General, but when I went over and talked to Dr. Mallory about this, he said their appointments at the General were filled. I explained to him that I had this hiatus of nine months and I wondered whether a six month appointment could be arranged. “Well, those things are always fluid. There are always people who, for one reason or another, drop out of application. I would certainly be glad to write you a letter of recommendation to wherever you want to apply. Why don’t you discuss this with Dr. Churchill and Dr. Allen?”

So with that, I asked each of them and they thought it would be a good idea and why

didn’t I apply to the University of California Hospital, which was in my location? They suggested a couple of names. I corresponded with a man named Jesse Carr, who, apparently, was well up in the department at UC, and sent him an application and letters of recommendation from Dr. Allen, Dr. Churchill, and Dr. Mallory. About the time we were getting ready for graduation, I was notified by Dr. Carr that I could start a six month internship at UC on July 1. He would look forward to seeing me, and that unless there was further correspondence to the contrary, he would sign me up. This was a good feeling and was something that seemed to please everybody.

Did you ever interview with Boston City?

Yes, I did have an interview at the Boston City Hospital. It was, to me, a rather unsatisfactory interview. The urologist was there. Dr. Ike Walker was not; he had some sort of engagement which had taken him out of town. The third man on the committee was someone I had never seen before. The interview was rather brief and brusque, to say the least. I had the impression that my chances of an appointment there weren’t very good because I hadn’t taken any of the month or two month long courses in surgery there. The reason for that was the job at the Baker. It was just more convenient to apply for the long surgical course there at the General than it was to do all the commuting across town.

What was the status of your classmates?

Eight of my classmates got appointments at the Massachusetts General Hospital. Then there was a large group who got internships on the medical service. The class was quite well represented. Everybody seemed to

be happy with their appointments and accomplishments.

It seemed like everything had gone very well and successfully up to this point. I had to stay at the job at the Baker Memorial until the new appointments began on the first of May. That assured me a place to stay. I was toying with the idea of whether I should stay and attend graduation services or whether I should plan to come on back home and investigate the housing possibilities at the University of California Hospital. There was one complication that I guess I knew, but hadn't given much thought. The medical school closed in the early part of May. Graduation exercises were held in conjunction with Harvard College, in the big rotunda over in Cambridge, and that would be a month later. Their school graduation was on June 5. So I thought, well, this is something I've got to pursue a little bit.

I called the secretary to the Dean of Admissions of the Medical School and learned that, other than the local people from Boston and the nearby vicinities and a few of the people from around New York and New Haven, not many of the medical students attended graduation. She said, "It does work a hardship because you have to find a place to live and you're waiting around here for a month just to participate in this graduation ceremony."

She then asked me if my parents planned to attend, and I knew that was out of the question. So she said, "Well, if you have this appointment out in San Francisco that begins on July 1, why don't you just plan to go on home at the conclusion of medical school. The diplomas are never presented at graduation anyway. These are all mailed out from the medical school. I think that will solve a lot of your problems."

This turned out to be good advice and I took it. When classes were formally closed and school was dismissed, I finished my appointment at the Baker and then was ready to depart. I had packed up the clothes and books and things I had and made arrangements to have them shipped home. I had my passes all in order to return on the train, but then I was confronted with the fact that I had a car. That was a stumbling block in one respect because I knew I had a limited time to try to sell the car. The other consideration was, that if I drove it home, I would have a car to commute to San Francisco and would have transportation in case it was needed around the city.

So I elected to drive the car home, which was a good decision. One of the students asked me if he could share expenses and ride as far as Chicago with me. This made for a good arrangement. I told him that I would be driving anyhow and he would be welcome to the ride. The only question was, this was a two door coupe. I said, "We don't have room for a lot of baggage." He said he had taken care of that, he just had a suitcase and a traveling case, and didn't think that would be a problem.

HOME TO RENO AFTER MEDICAL SCHOOL, MAY 1936

We took off about the third or fourth of May. Although I had made one trip from Boston to Easton, Pennsylvania, where Louise's folks lived, I hadn't had much experience driving cross country. It turned out to be quite a satisfactory trip. When you ask somebody from Boston who is going west, which route do they take, the staid answer by the native Bostonian is, "Oh, I'm just going to go through Dedham." But strangely enough, Dedham was on the route.

We had no difficulty getting to Chicago. I had communicated with my cousin, John Mariani, who was attending the Chicago Art Institute. His school was going to close not long after I would arrive in Chicago and he wanted to know if he could bum a ride home with me. This made for a pleasant arrangement. I stayed at his apartment for two or three days until he was ready to leave.

Tick's cousin, Grant Bowen, who later got to be Judge Grant Bowen here in Reno, was going to Northwestern Law School at the time. I looked him up and we had a nice visit. I had a couple of real good tours of the Chicago Art Institute. One of the big treats was that I went with one of my cousin's roommates one afternoon out to Wrigley Field and saw a professional baseball game. I had seen only one other while I was in Boston.

It was a bright sunshiny day and we sat out in the bleachers at the choice of one of John's roommates because Mel Ott, who was a star for the Chicago Cubs, I think, was a left-handed batter.

"If we get lucky, maybe we'll collect a ball."

We had a delightful time at the baseball game. Mel Ott did hit a couple of balls into the bleachers where we were sitting, but we weren't lucky enough to pick up any of the baseballs.

The trip from then on, with John and I alternating driving, was a fairly pleasant trip. We made a leisurely trip on home as sort of the culmination of a good year.

I had my car at my disposal and after the usual round of visits and whatnot, one night my dad asked me if I had communicated with the people down at the University of California Hospital. I said no, I didn't have to appear until the first of July. He said, "You should plan to take a trip down there, acquaint yourself with the situation, and meet Dr. Carr."

This was all well and good. I thought I would make plans to pursue this around the end of the month or the early part of June. Of course, I was still courting Tick. She was teaching school down in Las Vegas and wasn't going to be home until after the first week of June. I had toyed with the idea of driving down there, but there were so many things to put in order, plus the contemplated trip to San Francisco, that it was put on hold. It

was a great relief to realize I had completed four years of medical school at Harvard and would soon be getting my diploma to let me know I was now an M.D. The full realization that this was just the preliminary step in a long process of learning which was to follow, had really not dawned on me yet.

Let me ask you a couple of questions. Could you go into practice right from medical school?

No. I think the rule had been passed, at that stage of the game, that you had to have at least twelve months of a rotating internship before you could practice.

What did you do about your license? Did you take your state boards later?

The license for the State of Nevada was granted by reciprocity. I had taken the National Board Examination and I got my license in 1939, here in Nevada. Dr. Roantree, Dr. Secor, Dr. Bowdle, Fred Anderson, and Vernon were on the medical board of examiners at the time. When I appeared for that, Dr. Roantree asked me the only question, "Did I think the National Board Examinations were difficult?"

"Yes, I did. I thought they were difficult and they encompassed a wide realm of medical questions."

"That's all. Give him a license."

You finished medical school in 1936?

Yes.

You started your surgical internship at Massachusetts General in the spring of 1937?

About the end of May I got a letter from Dr. Faxon, who was the administrator of the Massachusetts General Hospital, asking me if I could start my surgical internship on the first of October instead of on the first of April. This was pleasant news to me. I quickly answered by return mail that I certainly could. I can't remember the circumstances, but one of the appointees for the appointment in October was not able to comply, so I took that appointment.

I corresponded with Dr. Carr to notify him that this change had taken place, and that I would be there for only three months. Someone in his office wrote me that he was away, but that it was his advice that I submit a resignation for this appointment because they didn't think it would be wise to just go there for three months. So that's what I did.

How many were in your graduating class? Do you remember?

There were about one hundred and sixty. There were around a hundred and twenty-five in the first year class and then at the end of the second year they took on about forty more.

Guys from Dartmouth and other two year schools?

Yes.

I considered it a feather in my cap to have gotten an appointment at the Massachusetts General Hospital. In thinking things over, I guess, like a lot of interviews and formalities

that one has to go through, sometimes the decisions have already been made before you appear before a committee.

Starting the internship in October left me with a summer and early fall to wind things up at home and make arrangements to get back to Boston in October. One of the things that was pressing, was that I had some horses that I was keeping down at the ranch at Wadsworth and I had to get rid of those. I knew that in my absence they wouldn't get used. I could see no real good reason for just leaving them there. I knew that my time, after I got to interning, was going to be real limited as far as any chances to use these horses. I was able to sell one to one of the local farmers. My uncle prevailed upon me to just leave the other one there at the ranch. He knew he was a good horse and gentle. Tick and my sister had ridden him a lot and he, I think, had an interest in the horse. Although he had never ridden him, he felt, that in an emergency, he could. So we left that as it was.

I went with my mother on a trip down to San Francisco to buy a couple of suits of clothes. My medical school clothes had taken a pretty good beating and were up for replacement. We spent two or three days in San Francisco, had a good time, and got the clothes situation taken care of.

I helped out down at the ranch with haying. I finally convinced my uncle, grandfather, and grandmother that a workhorse colt that I had handled and trained to work, was a good, gentle, reliable animal. We used him in the haying season that summer. My uncle was a pretty conservative guy and hated to see every Tom, Dick and Harry who came to the ranch be turned loose with young animals that he wasn't entirely familiar with. But anyhow, he panned out real well and was a good addition to the horse bunch. Of the older horses, a couple were rather crippled

and felt they needed replacement. I thought, well, I'm not going to be here to worry about that and they've got a good horse to use if they need him.

John Mariani, Tick and I made another interesting trip out to Gerlach to my friend Red Welch's place. John had a horse he wanted to give to Red, and Red had a horse that he wanted to send back to Wadsworth with John. I didn't know what all the arrangements were, but we hauled a nice horse out and left him with Red, and then Red helped us put the horse that he was going to send back with John into the truck. We got that accomplished and got about a mile or so away from Red's house on our way home when the horse threw a fit. Somehow or other he got his front feet up over the rack of the truck and was doing a pretty good job of pounding the top of the cab.

I remember Tick's appraisal of the whole thing. "Johnny put the brake on and stopped the truck. He went out one door and you went out the other one and left me in the cab with this horse's feet pounding over my head. I had no place to go. Suddenly it all stopped."

The rope broke and the horse then had a little leeway and jumped over the top of the rack of the truck. He went over and jumped a wire fence and got back into the field. We sort of had a little laugh over the whole experience. I asked John what he thought we ought to do.

"I'm going to let Red take care of this. He'll know that something happened when he finds the horse back in the field with a halter and a broken rope. He can take care of it. I don't want to fool with that kind of an animal, anyway."

Red wrote an amusing little note, which arrived at the ranch probably about a week later. It said that he surmised that we must have had a little trouble hauling the horse because he found him in the field. He said he

just decided that he was a good working horse and would keep him.

The summer went by rather quickly. We had a few good times and good trips up to Lake Tahoe. When I say we, I mean Tick and I, and on occasion, Bill and Margaret Ligon. They still had dancing up at the Bijou at Lake Tahoe and this made an interesting trip: to go up for an evening where you danced on a pier out over the water. It was quite enjoyable and gave much food for thought in the later months of the year when I started my internship. I often thought that this was a far cry from having a good time at Lake Tahoe.

INTERNSHIP, MASSACHUSETTS GENERAL HOSPITAL

There wasn't a great deal that I had to take care of around home. My dad had gotten me passes to go back to Boston. As I was still a family dependent, that made no problem. I bade everyone farewell and went back on the train. I arrived in Boston a couple of days before the first of October and went over to the hospital and let them know that I was here. The superintendent of the hospital at the time was a man named Dr. Faxon. He said, "You're welcome to stay and eat here at the hospital while waiting to start. Just roam around the intern quarters and you'll find an empty bed. The room that you're going to stay in will be occupied until the end of September. That leaves two days, so you might talk to whoever is in there and see if you can leave your suitcase and belongings in the clothes closet if there's room."

This was a good arrangement and that time passed real quickly. Also, it gave me a day or two to go down to the clothing department. There was a kindly old gentleman who had measured people for intern uniforms for many, many years. He took one look at me and

reached over in a pile of uniforms and picked out three or four coats and pants. "These are temporary but I think they'll fit you. We'll order you some new uniforms, which will probably take about a month to arrive. I'll let you know."

I asked him if I could try these uniforms on.

He looked at me rather quizzically, "What for?"

"Just to see whether they fit or not."

"Oh, it doesn't matter, they really won't fit, but they'll come close enough."

He had had enough experience that he did a very good job picking out clothes that were quite satisfactory.

Another day and the first of October was at hand. There wasn't a great deal of time for any special instructions about what you were supposed to do. The senior intern told me, when I started, that I would be classified as the pup. "In case you don't know what that nomer is, you will get all the scraps, like the pups usually do. Don't take it too harshly because everybody who is wearing a white suit around the hospital has been through this three month period. You'll either learn how to organize and get through these things quickly, or else you'll be up to your ears in work. You'll be making a twenty-four hour job out of one that can be accomplished in a lot fewer hours. The first thing you do on your beginning day, is to go to the laboratory. You'll be responsible for doing and charting all the urine samples that have been collected and sent to the laboratory. In addition, you will do all the blood counts and special urines. You also will be responsible for grouping and cross matching donors for blood transfusions as they come up on the wards, for taking blood samples for analysis, and for giving transfusions and intravenous fluids that are ordered on the various patients by the resident

staff and ward interns." He looked at me with a quizzical look on his face, "Do you have any questions?"

I thought for a minute and I could think of two or three questions, but I thought better than to ask them. I said that I guess I would be starting in the morning, and that if anything arose, I would ask for advice along the way, and left it at that.

He thought that was a good idea. "And if anything ever comes up that you are not happy with, in the way of what you are suppose to do, don't do it. Ask somebody before you do something on your own or you make a mistake."

This chap was how far ahead of you?

He was starting his second year.

Before you go on, what happened to your Plymouth in Reno? Did you leave it there?

I gave my Plymouth to my sister Grace, who was starting at the University here in Reno. That gave her a means of transportation. It was a good car; it didn't have a lot of miles on it and it ran very well and was, I'm sure, a much better automobile than one she could have acquired for a similar price around here.

You didn't need a car in Boston?

I thought about a car for Boston but Vernon had already told me that I would find very little use for a car, especially in the first six or eight months of my internship.

You were telling about your first day as intern.

The way transfusions were given at the hospital was real interesting. They gave what was called a direct transfusion. You had the

patient on one table and the donor on another table in close proximity. The blood was collected in what was called a Vincent Paraffin Tube (a surgeon named Beth Vincent had been instrumental in devising this technique). It was a tall glass tube with a ground glass tip on it that accommodated a large intravenous needle. It had a rubber cap that you put on the top and an expanding screw mechanism that you could tighten. The tube was lined with paraffin. You would insert a needle into the donor. Another intern would insert a needle into the recipient and would draw one of these paraffin tubes full of blood, then disconnect it. Meanwhile, you would have another tube right at hand and collect another tube so that you were giving a 500 cc transfusion. The method, I guess, was a good one but was rather cumbersome in that it required two people. The other hazard was that there was an attachment where you could apply a little hand bulb to this tube to push the blood in so that it would run in quickly. Of course, you stood a good chance, if you weren't real careful, of injecting air in with the last few drops of blood. You had to take special care not to do that. The other problem with these tubes was that they, obviously, had to be of rather fine texture. The tip of the tube that fit into the needle had a ground glass tip, and anything more than a real mild pressure caused dire results; they broke off easily. You can imagine, if you had half a tube full of blood you were drawing from a donor, and you looked around for something and broke the top off, blood would be running out of the tube onto the table and running out of the donor's vein through the inserted needle. If you were giving blood to the recipient and were applying pressure with your hand bulb and happened to break the top off, blood would go in every direction. It is amazing how big a circle and how wide an area of

crimson can be created by a couple hundred cc's of blood.

You found out the hard way?

I was lucky. I had a couple of tubes break, but I was fortunate in that they broke before I started drawing the blood. But I was present on a couple of occasions when they broke like the times that I just described. I was really relieved when they decided to go to the indirect method of transfusion, where the blood would be drawn into a container and then dripped in, like you do with an intravenous fluid drip. I often wondered, when we were giving these direct transfusions, whether there were any deleterious effects from putting in 500 cc's of blood in such a short period of time. If there were deleterious effects, they certainly weren't easily recognizable. I imagine that had there been, they would have discontinued this method a lot sooner.

Was the blood citrated?

No, it was not.

It didn't have a chance to clot, if you moved fast?

If you moved fast. And the paraffin lined tube prevented it from clotting.

Tell me about your impressions of the first week. You came out of a lazy summer in Nevada, and went back there, and they threw it at you pronto!

My impression was that it usually took about eighteen hours to do all the things they asked you to do, and it was a really time consuming job. Of course, some of the things that made it more time consuming

were the interruptions. If, for instance, you had fifteen intravenouses to give on the ward, and the resident called you to take care of a transfusion in the operating room, this certainly interrupted your routine. It was a situation of doing first things first. Being at the bottom of the totem pole, you couldn't very well say, "I'm busy, get somebody else to do it."

They'd say, "You're it and you do it."

I remember another amusing incident. I happened to be on another ward one day, the West Surgical Service. The resident had given the pup a list of things to do. The pup, in a very serious manner, asked the resident how soon he needed the results of some of this laboratory work he had ordered. The resident, who was a delightful guy named Frarindo Sumione and who later became a very well known surgeon and investigator, looked at him very seriously and said, "Anytime in the next five or ten minutes will do."

But as with everything else, you make adjustments, fall into the routine, and learn very quickly not to accept defeat. You get right along and get the job done.

What was the setup? You said you were on the East Service?

Yes. The wards were divided. There was a male ward of about twenty-eight or thirty patients, the east surgical male ward. That was Ward Twenty-eight. The east surgical female ward was on the floor above. That was Ward Twenty-nine. The west surgical were wards twenty-seven and thirty. In the emergency room ward, you could keep a patient for forty-eight hours. If you couldn't make a diagnosis and provide definitive care and the patient needed further investigation, the decision had to be made as to whether he would be admitted to a surgical ward, a urological ward, or a medical ward, as the

case might be. Then the patient became a charge of the resident and the visiting staff on whichever ward he was admitted. The pup, if the patient was admitted to, say, a urological or a medical service, was no longer involved with that patient. This made an excellent and very workable arrangement because each service would take the emergency ward on alternate days.

The surgical beds sort of fluctuated. There were overflow wards. The large ward, Ward E, was a conglomeration of east and west surgical patients, orthopedic patients, and a few beds where terminally ill patients were kept. This ward contained about thirty private rooms. Then there was an open ward, probably twenty-five to twenty-eight beds, where you had a little bit of everything: pediatric cases, medical cases, and often times, just short term stays. When the other wards were full, that's where these patients would be transported.

Were these mostly indigent patients?

The hospital was, mainly, a privately endowed hospital which received no money from the state to help out. But nobody was ever denied treatment. The admission fee was a very generous one; it cost six dollars to be admitted, *if* you could pay. If you couldn't, why, it was waived and you were taken care of. Nobody was ever charged for any treatment on the wards.

You didn't have that preponderance of county hospital types, cirrhosis and that type of thing, like some places?

No, we had very few chronic cases. We were a seven hundred bed hospital and the Boston City Hospital was variously classed as having anywhere between four and five thousand beds, so they took care of most of

the cirrhotics and nephrotics and critically ill people who needed treatment, but couldn't afford it.

You were a pup for three months, and then your next step was to be on the urological service. The urological services consisted of both the east and west interns, an assistant resident, a resident, and then, of course, the various visiting surgeons who specialized in urology.

Periodically, you would be called to see a patient in the emergency ward if everybody else was tied up. But they tried to avoid that because there was more than enough work to keep you busy, doing menial tasks.

As I look back on it, I see changes for the better in the way of accomplishing these things. Now, of course, all the laboratory work and the blood counts and urine analyses and the things that we use to do, are done by laboratory technicians who specialize and who have complicated machines that do blood counts, almost while you wait, rather than the old counting chamber under the microscope and a little hand clicker that told you how many polymorphonuclear leukocytes you had and how many lymphocytes and what the red cells looked like. It was a good experience, although it could be adequately classed as drudgery.

There were usually eight interns, because there were two starting at three month intervals each year, and then an assistant resident and a resident. So that would be ten.

The inventory on the surgical services would fluctuate depending on the ebb and flow and the occurrences of illnesses, but there was always a long waiting list for elective surgery. We always figured there was anywhere between 90 and 115 surgical cases on each service. And that was a bunch to take care of.

It was a big relief to finish the three months of service on the "pupship" and to

have gotten through it without any major mishaps. Fortunately, toward the end of my "pupship" the use of anticoagulated blood, citrated blood, came into vogue, which made transfusions less of a chore. One person could give a transfusion and it didn't require tying up a donor and an operating theater. We were all grateful we had gotten away from the direct method of transfusion.

The next three months was my service on the GU Service. We were very fortunate in that Dr. George G. Smith, who was the chief of the urology service in the hospital and also chief of the urological department in the medical school, was on service. He, along with a junior man named Richard Chutes, were the attending physicians. Chutes's father had been head of the urological department in years gone by, and Dr. Chutes followed in the footsteps of his father. He was a delightful person to be around. Everybody in the hospital felt he was too nice and too polite to be dealing with urological patients.

Everybody gave you the idea, when you were on the urology service, that you needed to be accustomed to profanity. There certainly was a lot of it in the outpatient people that we dealt with, and also on the wards, when some of the elderly people were uncomfortable and didn't think they were getting the proper attention. You certainly were educated to some expressions. I thought I had heard most of them in my lifetime, but I heard several I had never been exposed to before.

The service started off quite smoothly, but that didn't last long. About a week or ten days into the service my running mate, Carroll Miller, developed a bleeding ulcer. He was relegated to one of the rooms in the Baker Memorial, and required transfusions. He had a G.I. series which proved he had a duodenal ulcer. He was put on medication and didn't return to the urological service until the last

week or two. I felt he missed a very interesting but trying three months.

The next catastrophe was a GU resident, a fellow named John Shaw, a very competent urological resident, an excellent surgeon, and a swell guy to be associated with. He was very helpful and gave you a lot of hints about what you needed to do on the service. But unfortunately, he developed mumps and was relegated to the contagious ward at the City Hospital. I remember Dr. Smith saying that they had sent Dr. Shaw to the South Department of the City Hospital. "Don't bother to visit him, because they won't let you see him. If you do go over there, you'll probably get lost and may be there a couple of days before you get out."

When Dr. Shaw returned, he didn't paint a very rosy picture of his stay at the South Department although it must have been effective because at least he got out and returned to work.

A couple of weeks after Dr. Shaw left us, Mark Exley, who was the assistant resident in urology and a real comedian, developed water on the knee. This relegated him to wheelchair status. He came to work one morning with a very marked limp. Dr. Smith asked him what was troubling him and he said he wasn't sure but had a very swollen knee and it was quite painful. Dr. Smith palpated the knee and then practically brought the house and the ward down by turning to Mark Exley and saying, "Mark, this is the recurrence of your youthful adventures showing up in your knee. We refer to this as clap in the knee joint."

Everybody had a good laugh about it, except Exley, and he didn't see anything funny about it at all.

That reduced the urological service to the two visiting men, who were quite busy, and left me to try to do four men's work. And I've got to say, that although it was very interesting, it

was quite trying. I thought I had worked hard during the first three months, being a pup, but this amounted to the same . . . administering all the fluids, assisting at the operations, doing the laboratory work. The setup, when there were two interns, was that one would run the male outpatient department for six weeks and run the female outpatient department, and then switch. But I was nominated to try to do both of them. I soon found out that the load was too much. Dr. Smith asked me to see if one of the outpatient attending men, Dr. George Pappas, wouldn't take on one of the clinics and devote a little bit more time. He was quite cooperative and very nice. If something interesting or unusual came up in any of the cases, why, he always took time out to come over and get you to see it and explain to you the problem and what needed to be done.

One really comical happenstance occurred to a fellow named Charles MacMahon, who was the intern ahead of me who had started in July. He was noted for the fact that when he walked into either the male or female department, he always had three or four urethral dilators and a couple of vaginal speculums. He would clap them together and make noises by tapping on the metal tables. One day one of the visiting men asked him what he was doing.

"They told me the main therapy in this outpatient department was 'sounds and silver.' I'm just making sounds with the instruments, and we'll use the silver nitrate solution where it's indicated."

This got a big laugh out of the attending physician. It was a story that was oft repeated, and is probably still being repeated.

Dr. Smith had pegged me as somebody that he wanted to keep on the GU Service and wanted, in the worst way, for me to commit myself and say I would come back and take an

appointment. He told me the service had just purchased two Brown-Buerger cystoscopes. "One of them is residing in the female outpatient clinic and the other one in the male outpatient clinic. I want you to just put one of those cystoscopes in your back pocket and carry it with you at all times. Just cystoscope anybody that you can get to lie down for that length of time."

Of course, the instruments were in sterile solutions and his allegation of carrying them around was just an expression, but I took his advice and really did a large number of cystoscopies during that three month session. As I look back on it, I wonder how I ever found the time to do these examinations.

When they had to do retrograde pyelograms, and these were sometimes done on surgical patients as well as urological patients, I was nominated to do the cystoscopies and to insert the ureteral catheters. It was very gratifying and quite a satisfaction to me that they would allow someone with as little experience to do these examinations in the x-ray department. Another use for cystoscopy was in the diagnosis of ureteral colic.

In later years I talked with urologists and I asked if there were any waxed tip catheters in the ureteral catheter collection and, strangely enough, I never found anybody who knew what I was talking about. This was an ingenious little catheter. I have no idea who invented it. It was a ureteral catheter that had been impregnated with wax for oh, maybe, half an inch on the top of the catheter. You could insert this catheter, and if there was a stone present, it would leave scratch marks in the wax, and was a one hundred percent correct diagnosis as to there being a stone in the ureter. This was especially helpful in the cases where there were stones which were not visible on a flat abdominal x-ray plate.

During the course of that three month session, I must have done in the neighborhood of sixty cystoscopies. I felt, and both Dr. Smith and Dr. Chutes felt, that I had become quite proficient. One day Dr. Smith said that if he ever needed a cystoscopy, he would have no qualms about letting me do it on him. This was a compliment and, again, I sort of figured it was another biscuit thrown at me in the form of bait to follow this specialty.

Dr. Smith was an excellent teacher and an excellent surgeon. He had been a surgical resident at the General and he really was a marvelous technician. I remember one day being in the operating room and Dr. Smith was dividing a horseshoe kidney. A horseshoe kidney is one where the two kidneys are joined at their lower poles. Because of the configuration and the fact that the two kidneys were joined, this was apt to cause obstruction and, at times, urinary retention. This can be a rather bloody operation. When Dr. Smith started to split the kidney, he ran into a very brisk bleeder. Mark Exley—this was after Dr. Exley had gotten some relief from his knee and was able to stand at the operating table—had reached up on the instrument tray and got a hemostat and was going to control this bleeding in a hurry.

Dr. Smith merely put a sponge over the kidney and very calmly said, "Now, Mark, let's not get in a hurry and knock all of the instruments onto the floor. We may need them. This really is nothing to be alarmed about. We will bump into a lot more bleeding than this. Now you just use your retractor like I asked you to, so that I can sponge this field and control the bleeder. Then we'll tie it off and proceed with the operation."

This was quite impressive. It left its mark on me, I know, for the rest of my surgical career. Some of the things that Dr. Smith taught me during that three months stayed in

good stead with me for the rest of my career. I remember one instance in particular. This was in the early days of transurethral prostatic resection. This was a technique that had been developed by a urologist; I think his name was Dr. Alcock. It was rather slow in finding its way east, but Dr. Chutes decided he was going to start doing transurethral resections. I remember Dr. Smith's statement. "Well, Richard, the way to get started is to go ahead and do it and quit talking about it. You've been mentioning this for a couple of weeks and I haven't seen any cases on the list."

Dr. Chutes finally did one, one day later. After, I was up all night long. I think I gave this poor guy about twelve or fourteen transfusions. The next morning when Dr. Smith came to make rounds, he wanted to know if I had any problems on the service. I told him that I did, that Dr. Chutes had done this transurethral resection, and that the man had been very rocky all night long and I was quite worried about him. This caused an interesting reaction in Dr. Smith.

"I've got to be in my office in thirty minutes, but I want you to come out here and sit down. I want to talk to you for a minute and impress on you that you are too young to be worried about anything. Look at it this way. When you are following a career in surgery, you leave no stones unturned. You do the best you can and see that you cover all the bases. If the result should turn out bad for you, at least you did the best that you knew how at the time and you should have no qualms about it. I always remember one of my running mates who had done a hysterectomy when he was an intern. He went up to the intern's quarters and paced the floor all night long, wondering whether one of the ties he had put on a uterine artery was going to do the trick, or whether he would be called at any minute and be told that this lady was going into shock and needed to

be re-operated upon. I want you to know this. In any operation that you ever do, if you ever feel that the tie you have put on is not secure, or if you have any qualms about it doing its job, just take the time to put another one on while you are right there, and make sure that this one is going to work. Then you can go up to your quarters and get a good night's sleep without having to worry whether your technique was adequate."

This, likewise, was another pearl I garnered from Dr. Smith, and was an attitude that I used throughout my career as a surgeon. The techniques in urology, at that time, were mainly aimed at relieving urinary obstruction from enlarged prostates. Dr. Smith was a great advocate of using the suprapubic route, enucleating the prostate from above, and then putting a large catheter that had an inflatable bulb attached to it, into the prostatic bed. This was then inflated with water. And it, when pulled down firmly, was a very adequate hemostatic agent. Dr. Smith would often remark, when he put in one of these bags, "This will not cause any obstruction to the urinary flow." It was called a pilcher bag. Sometimes in very large prostates if there still was bleeding, he would merely pack gauze around the edge of this bag and remark, "This doesn't look very nice, but it's very effective. The bag can be removed in the course of forty-eight hours, and the patient will do extremely well. This type of procedure has the lowest mortality and the lowest number of complications of any method yet devised."

One day Dr. Smith said that he was going to do a total perineal prostatectomy. This was a younger gentleman than we usually had on the wards, and he was an ideal patient for a perineal prostatectomy. Dr. Smith really did a masterful job on this operation. It is one, now, that is often used for early cancers of the prostate in selected patients. I was really

impressed with the way he went ahead and executed this procedure, right from skin to skin. It was done with very little blood loss, and the patient made an uneventful recovery and did very well.

In addition to patients on the ward, I was often asked to go either to the Baker or the Phillips House, which were the private sectors of the hospital, to assist at procedures in the operating room. One of Dr. Smith's cohorts was a man named J.D. Barney, who had been a former chief of the urological service. His assistant was another delightful person, named Sylvester Kelly. They were all excellent surgeons and would periodically need an assist with transfusions or grouping donors. I was always more than happy to drop whatever I was doing and go help them.

Another man that I remember as an excellent teacher and an excellent surgical technician and who later, after I had finished my residency at the hospital, became chief of the urological service, was Fletcher Colby. Dr. Smith always used to remark that Dr. Colby was a man who did excellent perineal prostatectomies. "His hands are just made for these procedures. His fingers are at least an inch longer than any of the other people's on the service. He sure has good control with them."

One day Dr. Smith surprised me by turning over a patient who had an obstructive prostate. "You've watched both Dr. Chutes and me do these procedures. I'm sure that each of us have let you feel the routes of enucleation while we are doing the operations. So why don't you just go ahead and do this and see how it comes out."

This was a real boon. It was something that again was a reward for the amount of work that I had done on the service. When I picked up the scalpel and made the incision, I was worried as to whether I was going to be able to

find the bladder. One is left awestruck with a first procedure like this, but I got through it to both Dr. Smith's and my satisfaction. He then said, "Now, someday, you may be called upon to do something like this in a small outside hospital, where you don't have the amenities that we have here." I'm sure he was referring to the Pilcher catheter with the bag on it. "Let's not worry about putting the bag in. You just pack the prostatic capsule with gauze. You and the patient will become fast friends, in three or four days, when you remove the packing."

You went in through the bladder? And peeled off the prostate, pulled it out, stuffed gauze in with the bladder still open and put in the drain in the bladder? And then go in four days later, and pull this packing out?

You started taking it out at the end of forty-eight hours, and then you would keep teasing a little bit out over the next couple of days.

It had a string sticking out, like a fuse on a bomb, and you pull it out inch by inch?

Right

You wouldn't get any more bleeding, you hoped?

It seldom caused any troublesome bleeding. Some days there would be a little bloody urine through the suprapubic drain for a couple of hours after the last bit of packing had been removed, but I never remember any cases where the packing had to be reinserted.

This was a long dissertation about a short period but it was most rewarding. I thought we were all going to have a reunion dinner or party just before the end of the session, because Dr. Shaw, Dr. Miller, and Dr. Exley were all restored to function again, but I

guess the only celebration was in knowing that now I was going to have to follow only one outpatient clinic, and that the laboratory work would be divided, and I would have every other night off from emergency call. You might call this the introduction in the way of specializing in surgery. If you had any qualms about whether you were capable of the long hours and lack of sleep, and handling untoward events like fatalities [they got resolved]. We got through the three month session without any fatalities on the urological service, which was quite impressive. This was something that was rather remarkable, I felt, because we had some quite elderly patients who were in quite precarious condition when they would be admitted to the hospital. One of the undiagnosable or unforeseeable accidents that can happen is a pulmonary embolism. These happened on medical wards for no good reason. I don't think anybody has ever really come up with the answer of prevention of these things. The closest we came to a fatality was the patient with the first transurethral resection that Dr. Chutes had done. One of the problems that can get you into trouble is, with multiple transfusion, you can very often cause a urinary shutdown. In those days we really didn't know the cause. We were not fractionating blood and were using whole blood, which was more hazardous. This has been worked out now and with taking out the serum and platelets and other components of blood and merely infusing red blood cells, this type of complication can be minimized.

Anyhow, amen to three months on urology. It was a very instructive session and very much appreciated but I think what it did for me was to convince me that the practice of urology, as exemplified on that three month service, concerned mainly elderly males with prostatic obstruction, which oftentimes

caused a certain amount of uremia and disorientation. It also caused one loss of many hours of sleep, with the nurses calling you about so and so insisting he needs a bedpan, and all sorts of odd requests during the night. I pretty much made up my mind that if I could avoid it, I wasn't going to deal with that type of practice, despite all the encouragement Dr. Smith and Dr. Chutes had given me to try urology.

How many hours of sleep did you get a night, during that three months?

It was interrupted sleep. I would say that during that three month period, I didn't ever get more than three or four hours of uninterrupted sleep during a night.

What antibacterial things did you use? Did they have sulfa drugs?

We had an antibacterial called prontosil, which was the precursor of the sulfa drugs. It was a red solution. One of the first people I ever gave it to got about as red as that solution when the infusion started running in. Nobody really got very alarmed about it. They merely said that this sometimes happened, and to not be concerned about it. But in looking back on it, it obviously was some kind of allergic reaction to the drug. I have learned that the incidence of allergic reactions among the early sulfanilamides was quite high. I found out that I was allergic to all the sulfas, and it's an unpleasant experience. I imagine people whose faces turn red probably had other symptoms that went along with it, like nausea and dizziness. But fortunately, the era of prontosil was a real short one; it was replaced by sulfanilamide. I think Dr. Perrin Long from Johns Hopkins Hospital was the one who popularized the sulfa drugs.

What other drugs did they use for urinary infections?

I thought most of the drugs that were used were more or less an appeasement for the giver rather than the receiver. There were several mercurial compounds that were in vogue, but I don't think any of them were very effective.

Did they do many TUR's?

They, I guess, continued to do them. Toward the end of my internship I can remember Dr. Colby did quite a few transurethral resections. I imagine it was just a matter of paying attention to detail and to hemostasis . . . and the instruments improved.

So, what happened after this three month stint on the urology service?

The transition from urology was to be the attending intern in the emergency ward. This was a real interesting and enlightening session. You had gotten to be quite proficient at doing laboratory work and intravenouses. With the experience that I had gleaned in cystoscopies on the urological service, the emergency ward, although it could be quite trying at times, was very interesting. I was getting into the realm of diagnosing perplexing problems, and certainly, taking care of minor trauma; cuts and abrasions and burns. It was a busy session. The feeling of the staff was that if a surgical intern, instead of a medical intern, saw all the patients that came in, he would be more capable triaging and making quick diagnoses and channeling the patients off to their definitive destinations. Usually, the medical interns had little interest in sewing up lacerations or in trying to deal with fractures. I guess that's understandable.

They made a choice when they went the medical route rather than the surgical route.

We were just blessed by having a chief nurse in the emergency ward named Helen Daley. Ms. Daley was probably the most efficient individual that I had ever come in contact with in the hospital. She ran the emergency ward with an iron hand. I think she knew more about diagnoses than most of the interns. She could spot an acute appendix as it came in the door. She could tell you that this patient had ureteral colic and to call the GU people. She was a master at recognizing and being able to pinpoint the acutely ill people as opposed to the so-called four-flushers who came into the emergency ward. There weren't a lot of addicts who came but whenever one did show up, why, she could practically spot him as he came through the door. I guess this was just a matter of having been the head nurse in the emergency ward for several years. She was a relatively young and attractive woman but took her job seriously and would not tolerate any type of kidding around or waste of her time with a lot of blabber. She knew she had a long day to look forward to and wanted to handle patients in the most efficient manner. She always put you straight if she saw you spending too much time with somebody. She was quite observant and would oftentimes offer her help and tell you who you ought to call or what the next step to be taken was. She would not allow you to spend any excess time writing long notes about your impressions of patients. She said, "You've got to develop a technique of summing up your findings in a few well-worded sentences." She also made a statement that I didn't really appreciate until I went back to the hospital as an assistant resident. "There are many doctors on the staff who say you can tell the value of a person's note by the length of it."

One time I took Dr. Sweet, who was one of the senior surgeons, to see a patient over on the medical wards. He opened up this chart and started to read the request for the consultation. Suddenly, he stopped and turned the page over. The man had written a page and a half in long hand. "If it takes him that long to try to sum this up, we better go talk with the patient and find out what's the matter with him."

But Ms. Daley was a whiz. One of the enigmas you would get in emergency diagnoses, every now and then, was a patient who had acute appendicitis who also had a lot of red cells in the urine specimen. And this, especially if you bumped into a patient who had a small ureteral stone that couldn't be defined on a flat plate, left the diagnosis in question. We had one of those about the fourth or fifth day I was in the emergency ward. I asked Ms. Daley if she would set up a room so that I could cystoscope this patient and pass a wax tip catheter, to see if we could eliminate a ureteral stone as the cause. I never will forget her reaction. I gathered her feeling was that here's a wise guy that we have to appease and we might as well let him prove himself wrong. She said there had been some question about the diagnosis, that if I didn't take too long to do it, she guessed they could do this before we called any of the residents or the emergency ward visiting men to make the diagnosis and decide on the treatment. She was absolutely certain that a retrocecal acute appendix, lying in the vicinity of the ureter, was causing the red cells in the urine. I knew that this could happen but felt there were more red cells present and was a little bit uncomfortable about the diagnosis. This could be decided, quite definitively, by passing a little waxed tip catheter, and this was not going to prolong the procedure. We went ahead and did it. We had an anaesthetic

solution, a dilute novocaine, that we used. She wanted to know if I knew that sometimes you could get allergic reactions to the novocaine. I assured her that I did, and that we were using quite a dilute solution. To her dismay and my surprise, I found that this case of acute appendicitis actually was a small ureteral stone. The pain and symptoms were caused by ureteral colic rather than acute appendix.

I did a procedure which Dr. Smith had told me about. "A lot of times, if you can get a catheter beyond the stone in the ureter," he said, "and inject two or three cc's of mineral oil into the catheter above the stone, it sometimes will cause a little pain, but as the mineral oil seeps down around the stone the stone will sometimes pass right into the bladder and you'll get a very quick relief of the obstructive symptoms."

Ms. Daley had never seen that done and she asked me rather bluntly if I knew what I was doing. I told her that I did and she said, "You know mineral oil is not sterilized."

"We're going to use a fresh clean bottle of mineral oil. Dr. Smith has always said that urine wasn't always sterile and that a small amount of mineral oil wasn't going to add to it and that there was no danger to it."

This was a plus. Several times in the emergency ward I was asked by the residents if I would pass a catheter and see if I could help them with the diagnosis. During the course of that three months I did this about a half dozen times. It's interesting that in the years to come the era of the waxed catheter went the usual route and not used any more. As I mentioned before, I never found anybody who had used that particular diagnostic trick. I always felt it was a real good one because it was relatively simple and you knew one hundred percent after doing it whether you had a stone or whether you didn't. That left the avenue open to proceed without any question.

Did you get the stone down and the mineral oil down?

Yes. On that particular patient, the stone came right down with the mineral oil and was a pretty satisfactory result in the treatment of this man's misery.

One saw all sorts of cases. Ones that were sometimes rather difficult to deal with were elderly patients, oftentimes very ill, who came in and were jaundiced. If you have somebody who has onset of pain with nausea and vomiting and is tender in the abdomen, why, then, you have to consider gallstone disease or inflammatory diseases in the stomach or duodenum. The ones that had painless jaundice, you had to differentiate as to whether this was due to an obstructing tumor or whether it was due to some type of medical disease. Trying to sell, as we used to refer to it, patients to the medical staff or to their wards for study, was sometimes a monumental chore. It seemed to me that most of the medical interns, if called down by a surgical intern to see a patient, had the attitude that they were going to do everything in their power to prove the surgical intern wrong. This was a healthy form of competition and was a good exercise in learning and being challenged. The medical interns were high caliber, real smart guys, and often would point out something you hadn't thought seriously enough about and would not take the case until you had ruled out or ruled in the avenue they suggested.

One of the medical interns on the West Surgical Service was a guy named Fred Crone. He later became one of the visiting staff physicians, and was a very astute diagnostician. The one on the East Service was a fellow named Alfred Crane. He was a great guy, very knowledgeable, well grounded, had a good sense of humor, and was a delightful

guy to deal with. When you were trying to decide a problem he was very amenable to bending over backwards and admitting a case to the medical wards, even though you had the feeling he was doing it just to be a good guy and help you out of a dilemma.

This was a very instructive three month period. The younger surgeons were the ones who first saw emergency cases. If they felt they needed further backup, they would call the intermediate doctor, who was probably five or six years their senior. Then if they were not able to come to a conclusion, they would call the senior visiting man, and he would make the decision.

One of the statements made by Dr. Grantley Taylor—he was the “second in command,”—when he came one day to the emergency ward was, “A good emergency surgeon was one who could listen to the patient's story, examine the patient deftly and quickly by the laying on of hands, take the patient to the operating room, make a neat scar, accomplish the operation without distress, and get a good result. But now things are getting more and more complicated. The tendency, now, is for doctors to be judged by their ability of titrating the level of blood strontium in the blood, or possibly in making an opinion about the change in colors when certain solutions were dripped through a buret. Of course, the two examples are rather widespread. I don't know whether it's any better or not, but it sure as hell is different.”

The first time I heard him make the statement about the blood strontium, I interrupted him and asked him what that was.

“Sonny, I don't know that there is a thing like strontium, but it sounded good in that sentence.”

After that it became blood rhubarb. I was impressed by the amount of responsibility you

fellows had as interns. I mean, here comes a guy who decides whether somebody is admitted. The things you go to do—wow!

It was a rather concentrated learning process. I have looked back at it over the years and I honestly believe, that even though it may have been cumbersome and even though it might have been time consuming, for one individual to sit down and see a patient and take a history and do a physical examination and try to come to a definitive conclusion, I think it was more instructive and more impressive to a patient than the present day methods. I can think of many of my patients who went to the emergency ward and were immediately shuffled off for complicated x-rays and ultrasounds and MRI's and all these things. A lot of them, the emergency ward doctor never saw at all, which sort of struck me in the wrong vein. Again, you might invoke Dr. Taylor's formula. He didn't know whether it was any better or not, but it was certainly different.

The last quarter of the internship for that year was a stint on the private service, where we went to the Baker Memorial Hospital mainly and saw and examined all the admissions of the staff surgeons who worked at the Baker. This was an easier and more instructive job. You got to see a wide variety of patients and you got to exercise and develop your bedside manner. When I introduced myself to the patients and told them I had been asked by their doctor to ask a few questions and do an examination for admission to the hospital, a few people were recalcitrant and refused to be interviewed. Their excuse was that they had a doctor; their doctor knew all about their trouble and I should just go on my way and see somebody else, because they didn't want to be examined by an intern. This, sometimes, could really let the air out of your balloon. I

looked upon it as something that I must have done that turned these people off. On a few of these occasions I did just what I was asked: go see somebody else's admission and examine them. While I was doing this, the thought kept running through my mind that I better go back and make another try at the patient who had sent me on my way because, one way or another, I had to write an admission note about that patient. The visiting staff looked askance at notes that gave as an excuse: the patient refused to communicate.

The first time I was turned down I went around and saw the other admissions. When I finished, I went back, "Well, I have seen everybody on the floor. I still have to write an admission note about you, or else call your doctor and alert him that I have not been able to communicate with you. I thought I would come back and see if you would help me out."

Strangely enough, the patient said that she guessed she'd been upset and tense about being admitted to the hospital; she felt badly about referring to me as being a young intern and that her doctor knew all about her. "I'm so glad you came back. I was about to ask the nurse if she would call you." She said she would be glad to tell me what she was admitted for, and would submit to any examination I felt needed to be done so I could write this admission note.

This was the beginning of my experience in dealing with patients who had all sorts of troubles, my first exposure to working on my bedside manner, and of developing an attitude and a method of presenting myself to patients to put them at their ease so that they were happy to cooperate. There were two or three during the three months who steadfastly refused. I guess you just chalk those up as absolute failures, whether it was recalcitrance on their part or whether it was something in your own mannerism that caused them to

have this reaction. But fortunately they were in the minority.

Who were you attending on this service?

These were all private patients of the hospital staff. You saw everybody's patients who happened to land on that floor, whether it was one of Dr. Allen's, Dr. McKittrick's, Dr. Richard Wallace's, or Dr. Richard Sweet's. You would see any admissions and write the notes on any of the patients of any of the doctors who were on the staff. The doctors were always good about reading your notes. Most of the time, if you missed something, or had not paid quite enough attention to some of the complaints or hadn't stressed them enough in your note, they were good about clueing you in, either that you hadn't asked the right questions or the patient had been roundabout and you hadn't hit the nail on the head, so to speak.

It was a very interesting and instructive three month quarter—at a more relaxed pace than the previous three month quarters. The attending physicians were always very nice about asking you to scrub on the surgical procedures.

Especially interesting was a delightful character named Richard Miller, who was a very busy and excellent surgeon. He had as an assistant Dr. Marshall Bartlett, who later became a senior staff surgeon; and a scrub nurse, Lois Aimes, who was about as good a surgical technician as anyone I had ever seen. I'm sure, if it had been legal to let her proceed, she could have done some of the procedures almost as well as the doctors.

She was an interesting person, from Maine. I remember one instance when she and her husband Harry Spence, a former urological resident at the General, and I were having a quick lunch together. Lois asked for

someone to pass her the salt. The salt shaker was close to me so I picked it up and started to hand it to her.

"Just set it on the table."

I did.

"You know I come from Maine. One of the superstitions that we Maine people have is that you should never pass a person the salt shaker and put it in their hand. You should just pass it and put it on the table, otherwise all sorts of bad luck can come over you."

Years later, we visited Lois and Harry at Southwestern Medical School in Dallas. They were very gracious and took us out to one of the private clubs for dinner. I picked up the salt shaker and passed it over and set it on the table in front of her.

"Your memory is good. I'm glad this stayed with you."

Did you have residents in this private service?

Yes. The chief surgical residents from each service sometimes were asked, first, to assist at cases. The surgical residents had a busy schedule in the hospital, taking care of the ward patients, and that made it difficult. Whenever somebody asked for one of them to assist, it raised problems with their busy surgical schedule. It finally got to the stage where they discouraged that and encouraged the doctors to get one of their peers to help.

There was no resident, full time. You were it.

We were it, that's right. If you were called to see some patient the head nurse felt was not doing well, you had to go there and examine them quite quickly. Of course, with surgical procedures such as appendices, gallbladders, bowel resections, hernia operations and things like that, if somebody is not doing well one of the concerns is to rule out hemorrhage.

I remember one patient in particular I was called to see had a thyroid operation and was hemorrhaging following this procedure. The first thing I did was take the dressing off. I realized that there was more bleeding than one could accept and might stop with a little pressure. And, of course, putting pressure on a neck wound, you always run the risk of impeding their respiration. I took it upon myself to open the incision for about an inch around the drain so there would be no respiratory obstruction caused. I then quickly did a blood count. I had already notified the attending physician that I thought the patient was in trouble and needed his expertise. He said it would take him, maybe, twenty minutes to get in, and I said that was fine. I was cross matching some blood in case we needed it, and would have the operating room ready on his arrival.

These things were, I think, helpful in instructing you, and alerting you to the fact that you were an integral part of all these patients' treatment. You had to assess these emergencies and deal with them quickly and decisively. The good part of it was that you were never asked by any of the doctors to proceed to try to take care of it definitively on your own, which is understandable.

I certainly would be hesitant to open a thyroid incision and stop a bleeder with as little training as I had at that time. Although I'm sure, in a dire emergency, that I was certainly capable of doing it.

You were smarter at the end of that year than when you started?

Yes. I've got to say that starting out at the beginning of your intern year, knowing almost nothing, that at the end of the year, you had the feeling that you had accumulated

a lot of knowledge and were getting along in good shape.

Did you learn how to organize and simplify? That was the first thing they told you to learn.

You had to do that. If you didn't organize and simplify, there just were not enough hours in the day to get all the things done.

A real interesting thing happened during my first year of internship. Vernon had gone to a large hospital called Queens Triborough Hospital in Queens, New York where he was appointed as surgical resident. The Chief of the hospital there was a fellow named Dr. Thomas whose son Lewis Thomas was a year behind me in medical school. He was a real whiz and has made a great name for himself in several of the big hospitals in New York City. One day while I was on the emergency ward service, word came down that the resident named Dr. Ralph Adams had had a real sick spell and had been admitted to the hospital. Apparently while he was at breakfast he got a severe coughing spell, jumped up and ran away from the breakfast table in the dining room and nobody could figure out what the trouble was. It turned out that Ralph had a severe hemoptysis. He got this coughing spell and then started coughing up bright red blood, and before the day was out x-rays proved that he had a large tubercular lesion in the apex of one of his lungs. They kept him in the hospital for a while and then he was sent to the Saranac TB Sanitarium in New York with a lot of discussion and remorse about the loss of a real good and hardworking resident. Plans had to be made for a replacement. Dr. Arthur Allen, who was chief of the east service and Ralph, who was the east surgical resident, asked me if I thought that Vernon would be interested in coming back and filling in as

resident since they didn't have any suitable candidates. Vernon, of course, had come to Reno to practice and was associated with Dr. Bill West, and apparently had had numerous rather exciting surgical cases that year, and had gotten off to a real booming start in his surgical practice. This left me with a rather difficult answer. I told him that my feeling was that one of Vernon's highest goals all through medical school was to be a surgical resident at the Massachusetts General. I said, "I know one way to find out real quick. I'll call him on the telephone."

He said he was sorry to hear about our good friend Ralph Adams and wanted to know how much time he had.

I said, "Well, the term for this residency begins on the first of July." This had happened in the later part of May, so I said, "You think it over and give me an answer that I can get back to Dr. Allen with."

He said, "Well, tell him, yes, that if he is offering me the job, I'll take it and I'll get back to him on the telephone."

So this was a great boon to me. We had always been very close throughout our lifetimes and I had a great amount of admiration for Vernon. He had given me some real good advice during medical school and during my early days on the pupship. He was quite encouraging in statements that he would write while waiting at the hospital to start an operation. Or sometimes he would call on the telephone and say to just remember that all of these things just lasted so long, and to keep in mind that when you got through with one you would get into another one that would probably be more trying than the one before.

I sure looked forward to it, and he and Louise came back and they had an apartment up on Beacon Hill, which was within walking distance of the hospital, and he started off on

the first of July as the east surgical resident. Vernon had always gotten along real well with all the people that he worked with whether it was in Boston or at the hospitals in Brooklyn and Queens. He was the kind of person that you could really count on to do a job. When he got back it was a real pleasure for me just knowing that both he and Louise were around. I didn't get to see a whole lot of him early in the game because I got into the emergency ward quarter and the stint in the Baker Memorial Hospital. But I did see him briefly on rounds. Those procedures were rather cut and dried, and one could go from one step to another without the blink of an eye. It was ingrained in you as a second nature sort of thing. He was welcomed by all. He had a good staff of interns and everyone was pleased to have him back. I can remember several occasions when I would bump into Dr. Allen in the Baker floors or in the operating rooms, and he would always give me a sort of sly look and a wink and say, "Well, I'm sure glad that you were able to convince Vernon to come back."

You didn't have to convince him very hard, it sounds like.

I didn't have to do very much convincing. He had a good associate in Reno and Dr. West was in good health. He had gotten quite a respite while Vernon was here and was perfectly willing for him to go back and have another year.

Had Vernon had a four year residency? He hadn't had his full stint when he came back here. Is that right?

He was pretty thoroughly trained. He had a year internship at the Long Island College

Hospital and had a full internship at the General following that. Then he had another year's residency at this Queens Hospital in New York, which was a real large and very well-staffed hospital, as far as competent surgeons were concerned. He really got a good exposure to a lot of complicated cases, and I felt that he was quite satisfied with his training and was ready to come home and go to work. I'm sure that everyone gained by his return to the hospital. He had learned a lot of techniques in this residency at Queens. There *are* interesting variations that can be added to a surgical routine. As the old saying goes, "There's more than one way to skin a cat." He was always a favorite of Dr. Allen's and this made for a good relationship. It worked out real well.

Another interesting highlight along these lines was that when I came back from my service at the Baker Hospital, I came back as the male ward intern. We had about thirty beds on that ward, which most of the time was filled to capacity. But we did have some overflow places to put them. I remember that another of my mentors was Dr. Roy Cohn, who was the senior intern at the time. He was a real whiz. I remember one of the new nurse supervisors saying that Dr. Cohn was the most efficient intern that she had dealt with and she had been there for about a year. He had made a great impression with his ability to come to the right conclusion very quickly and state his reasons for it in short terms. I've always admired Roy and have kept in touch with him. He may be retired from his appointment at Stanford University Hospitals, but the last time I was down at Stanford, which was probably in the fall of 1992, I went over to Roy's office. Although not active surgically anymore, he had an office in the administration building and he was still on the staff as an emeritus and

consulting person on various things. We had a nice visit. At that time he was investigating the malpractice possibilities that might affect the hospital. Things went on well.

Later in that summer of 1937, another pleasant surprise was that I got a letter from Tick saying that she was finishing up her summer school session at Boulder. She was teaching at Las Vegas High School at the time and she had arranged a trip to visit some family friends and neighbors of her family who were connected with the power company. I think it was in Norfolk because she came on a coast cruise from Virginia to Boston and this was a real interesting trip for her. I asked her who she made this trip with, and she said that she had come on her own. She said that she had learned over the years that if you just went by yourself it simplifies matters because there's only one person to consider in decision making. She said, "I've been a lot of places in my life on my own. If you get involved with too many people, why, it often scuttles the trip before it gets started." She stayed about a week or ten days at Vernon and Louise's apartment and we had several very pleasant outings and sessions.

I remember that we made a weekend trip on one occasion up to Lake Winnepesaukee in New Hampshire at some friends of Vernon and Louise who had a summer home there. We spent the afternoon on their pier and swimming in the lake. It was a very pleasant sojourn to the usual hospital routine. The year on the male ward was real interesting because I remember Roy Cohn, being senior intern, had the option of letting other interns on the service do cases that he didn't want to do himself and he, sort of, appointed me as the varicose vein operator. I remember one day Louise and Tick came down to the hospital to visit and we had a long session. They happened to bump into Roy Cohn and

he ushered them into the operating room where I was in the midst of doing one case and then was going to do another vein ligation on another patient. I never realized that one could get under tension when somebody that you didn't expect was ushered into the room. Roy came in and for the patient's benefit said that he had a couple of visitors from another hospital who wanted to see how varicose veins were done here and would I please make a few comments to them to let them know what I was doing. Then he gave me a sly wink and left. It all worked out all right. I got over my nervousness in a hurry and we got things accomplished. After I talked to them later they fessed up that one of the visitors was my sister-in-law who was the wife of the resident, and the other was my fiancée who had come across the country to visit friends and had been nice enough to come up and spend a week.

Was the surgical residency a pyramid then? I guess it's a pyramid now still, isn't it?

Yes, at the end of the two year surgical residency they picked an assistant resident and he then went on to chief resident when his year was up. It was a four year surgical training deal.

OK, you're into your second year of internship at this point.

Yes, this year went rather rapidly. The sequence was that you spent three months on the male ward and did a few operations like varicose veins, and minor scars—plastic procedures that, if they weren't extensive, were often passed down to the interns. We oftentimes did simple anal fistula operations, but never anything as complicated as a hemorrhoidectomy. And there were a lot of things to learn on the way and we had real good

tutelage all the way along. The next step was to the female ward. That was a much busier ward than the male ward, maybe because there were more procedures done on females like thyroid and breast operations, hysterectomies, pelvic repairs and gallbladders. It went along real fast and we were really put through a very intense training. I felt that as we were going along each step in the procedure seemed to be a little bit more complicated and kept you on your toes with the learning process. The intern who preceded me was a fellow named Charles MacMahon and his home was in Seattle, Washington. Mac was an avid reader. You could find him in the library almost anytime that he didn't answer his page over the loud speaker. The cue was to run up there and you would find him either browsing through various reference books or the latest surgical journals. He always had about five or six of them that he was going to take to his room to bone up on one subject or another. The one that he seemed to be most interested in at the time was the dissolving of gallstones. This is still a prominent topic even in present days. I remember there was a lady who had come in on the service when I was the female ward man who had a cholecystectomy by one of the staff surgeons, and a stone had been left in the common duct. She returned and she was still draining bile out of her incision. It was more difficult at that stage of the game to make a diagnosis than it is now. But the staff surgeon who did the operation was called back and asked to review his operative notes. Then this was discussed at a staff meeting and the question was what type of procedure should be carried on. Chuck MacMahon had been reading a lot of articles written by a man named George Heuer who was chief of surgery at the New York Surgical Hospital. He had been experimenting with various solutions that you could instill

through a common duct. MacMahon was real enthusiastic about this and he probed around enough that he finally inserted a catheter through this little drainage fistula. And through some miracle he was able to get a catheter into the common duct. This made things easy because she was sent to x-ray and this stone was found. This left an avenue for further treatment and he expounded at great length at our staff meeting about the success that Dr. Heuer had been writing about in several articles. There was a great deal of skepticism among the senior surgeons at this meeting. Dr. Allen made a statement that he knew George Heuer very well and that George wrote very enthusiastically about things that weren't necessarily so. Dr. McKittrick who was the next in command said, "Well, now, Jimmy," as they used to refer to Dr. Allen. That was his nickname. "We've got to look at these things with an open mind and if this patient is in good shape, why, maybe we ought to go ahead and try this." Well, we did. I had graduated to the position of Junior at that time and this was along toward the end of Vernon's tenure as resident. So I scheduled this case with Dr. MacMahon and Vernon and me. I forget who the attending surgeon was. This mixture that was to dissolve the gallstone was fed into the common duct through this catheter that MacMahon had been lucky enough to insert. The experiment was brief, very conclusive, and a complete failure. First, the lady complained bitterly about the discomfort that she was having. Chuck was trying to console her and tell her that this was only a temporary discomfort. Then she had a complete drop in her blood pressure from a normal reading down to the 30s and 40s, and so we quickly irrigated the tract with normal saline to try to get rid of the so-called dissolving solution.

It started to dissolve the lining of the common duct?

We then treated her loss of blood pressure with the Trendelenburg position and a lot of fluids. Everybody had a shaking experience and when Dr. Allen came on rounds the next morning he had a twinkle in his eye. After we left the patient's room he said, "Well, now the next step is for you to go back and console this nice lady and tell her we'll get her on the schedule and that I'll take her gallstone out surgically the way it should be done."

My stint as the Junior was where you had charge of all the admissions to the ward. You made a daily trip to the admitting office and you were able to discuss with the admitting clerks which cases had been on the list for a long time and who should have priority. Cases that were suspected of malignancy were always gotten in as early as possible. We always thought of our peers on the service and tried to get a lot of good risk operative cases in, so that both the interns and the residents would have a good shot at doing a wide number of cases. Vernon was especially interested in doing as many cases as he could do under spinal anaesthesia because he felt that the anaesthesia situation in Reno was at a real low ebb and a lot of difficult cases would be at high risk if done under general anaesthesia as it was performed here. So Dr. Allen gave him free hand to go ahead and recommend to the anaesthesia staff that they had his sanction to use spinal anaesthesia. One thing we proved conclusively was that people who had hypertension and valvular heart disease were not candidates for spinal anaesthesia. I remember the resident in anaesthesia said that he would recommend a spinal anaesthetic for his patient and Chuck MacMahon and Vernon both were rather

hesitant, but he assured them that his was going to work, that he could place the level of the anaesthesia right where he wanted it. But the patient's blood pressure went practically to zero and we had to abandon the procedure before it started. The wiser heads, in discussion of this procedure, said that when in doubt use ether, which had been used in that hospital since the mid 1840s and it had stood the test of time.

There were some intern and assistant resident anaesthesiologists and also some fellows in anaesthesiology. There were several nurse anaesthetists and they were real good. In Reno the anaesthesia was given by Dr. DaCosta who said that was his specialty in addition to being the city physician. A general practitioner named Elwood Reno seemed to specialize in giving anaesthesia, but they liked to use mainly drop ether. Dr. DaCosta was a great advocate of chloroform although we had been told that it was not a drug of choice. Our conclusions were that many types of cases could be done satisfactorily under spinal anaesthesia, but there were others where it was really contraindicated. Chuck MacMahon took a great step one day by telling people at the staff meeting that he had been reading extensively and that in New York and Philadelphia surgeons did not routinely drain their gallbladder operations and that he thought the Massachusetts General Hospital was following an archaic regime.

That stirred a few people up.

Dr. Allen and Dr. McKittrick and all smiled and said, "Well, Mac, it may be archaic but we're still here and we're still having pretty good results with these archaic procedures."

When he was Senior, he was operating one day with a surgeon named Dr. Ed Young who

was a crackerjack surgeon, a great technician and a real rapid operator. He was helping MacMahon with this gallbladder, and when he got through he told Chuck that he had done a very good job. He said, "Now, I've heard by the grapevine that you think it's old hat to drain these gallbladders. If you want to sew the patient up without drainage you have my permission."

So MacMahon thanked him and he told me later that evening, "Well, at least there was one progressive thinking surgeon on our staff. The others would be educated."

This had a rather dire conclusion as far as poor old Chuck was concerned, because the next morning when we went on rounds this lady was lying in a pool of bile.

Dr. Allen came along and said, "Oh, is this what we can expect when we use Dr. Heuer's technique? Well, Mac, go down and talk to the people in the laundry. We'll have to see that this bed is changed six or seven times a day, but if you can make peace with them I guess we can stand it."

So I think that was the last gallbladder that Mac ever sewed up tight. And in my experience in later years with some of the younger and probably more progressive thinking surgeons I was criticized for putting drains in the gallbladder. And my rebuttal was that I had never felt that I had caused any harm by doing it and if they wanted to do it on their cases, this was fine with me.

Things moved at a rather fast clip and Vernon's tenure as resident was fast coming to a close. He was going to be all through on the first of July. I was Junior on the service, and Chuck MacMahon was the Senior. Chuck was wondering what he was going to do next as all the interns who got to that stage had that decision to make. He was kind of tired of the hierarchy of Boston and had pretty much

made up his mind to try for further training in the Seattle area. I did my best to admit as many gallbladders, thyroids, hernias and colon cases as was possible so there would be good variety and selection of cases for him.

The Junior had a good position to help or hinder the Senior intern because if he admitted a lot of trivia cases, it left that kind of surgery for the Senior to do. The goal was to do some complicated cases so that you would be exposed to them. Vernon had a good rapport with all the staff and the interns and I think he was more than generous in helping the various interns with difficult cases and showing them the pitfalls and the variations in anatomy that might come up. I was really sorry that he was not going to be resident when I started my last session as the Senior intern. But in retrospect it probably was good that he was not going to be there, because there would have been comments that he was treating me better than maybe some of the interns who preceded me or succeeded me.

The first of July a fellow named Richard Thompson became a resident and he was well trained and capable. His only problem was difficulty in making up his mind what he wanted to do. This is not a good type of person to be running a busy surgical service. He didn't have a great deal of confidence in himself, but he got through his year like the rest of us did and went on to have a very successful practice in Salem, Massachusetts where his wife and in-laws owned a large estate on the beach. He was more than generous in inviting the members of his staff to their home. It was a real treat to be taken out for a first class meal and have a suite of rooms to spend the night in—compared to the meals that were served at the hospital, the noisy intern's quarters and the telephone interruptions.

I was especially fortunate when I began my tour of duty as the Senior intern because

my advisor throughout the medical school years was Robert Linton, an extremely good teacher and a topnotch general surgeon. He was more than generous in helping me do difficult cases and in passing up cases and saying why didn't I just go ahead and do them. I was really lucky that in my first month I did three or four gallbladders, a couple of thyroid operations and several hysterectomies and pelvic repair procedures that ordinarily were done by the visiting men and you were the first assistant. When they were turned down to you, it added to your confidence. And you had to be real certain to do a good job because if you didn't, why, he would have to absorb the blame. You sure didn't want to get caught with anything like that.

Who did you have assist you then when the visiting man wasn't there?

Usually the intern who was either on the female or male ward would be the first assistant. This helped everybody because when the Senior intern got to do some of the major cases, he passed the hernias, varicose veins, hydroceles and things like that on to the interns below him. It made for a very congenial relationship among the whole staff.

The four month session passed very quickly and on the first of July they announced the appointments for the residents and new interns on the two services. Well, needless to say, I did not get appointed as resident. So I decided that Vernon had had a real good training in surgery and that maybe what I ought to do was to make up my mind whether I wanted to do some other specialty. One had to be aggressive rather than take a wait and see attitude, because the various internships around the Boston hospitals were real widely sought after. So I applied for an internship at the Lying-In Hospital and had about made

up my mind to do obstetrics and gynecology. That way I would have a specialty that would work in quite well with Vernon's surgical training.

My appointment began on the first of December of 1938. At the same time Dr. Irving, who was professor and chairman of the Department of Obstetrics at the Medical School, advised me that I should also apply for an internship at the Free Hospital for Women. "If I were you, I would let them know that you were interested in this specialty and that you had made up your mind that you were going to do this and also while you're applying for an internship, apply for the residency. I'll do the same for you here at the Lying-In." This covered a big hurdle for me.

MARRIAGE TO TICK AND INTERNSHIP AT THE LYING-IN HOSPITAL

As the day waned and my internship came to an end in October, I was ready to come home for the brief interlude between internships. And also, Tick and I decided that we would get married. Things moved at a fast clip in all directions at that time. Our wedding was set for the twenty-third of November. We would be around to celebrate not only our wedding, but a hasty Thanksgiving and then embark back to Boston for an internship in a new field of endeavor.

So you had to start all over again at the Lying-In?

You started at the bottom of the list at the Lying-In.

Tick and I had been engaged for a couple of years and she had completed her years for a teaching certificate. She had been teaching in Las Vegas and she gave them notice that she

wasn't going to return. So everything worked out real well. As a wedding present Vernon and Louise had given us a two door Plymouth automobile which we were to pick up in Detroit. So we were given a rousing send-off on the train and went back to Chicago and Detroit and picked up the car.

One wise move that I made was to ask, "Did the car have a heater in it?"

And they said that it did not, so we had a heater installed on it for something like twenty dollars—an excellent heater with the defrosting attachments. This twenty dollar investment lasted the lifetime of the car. As the old saying goes, "They don't make appliances like that anymore, now."

We picked it up at the factory in Detroit. They had a little showroom and salesroom and the arrangements had all been made and everything went so smoothly. I was really amazed.

Tell me about your wedding.

It was a sizable wedding. We were married in the Catholic Church in Sparks by a longtime priest who had been a family friend for a long time. I didn't have a lot of association with him because I was away interning. He was the head rector at the Immaculate Conception Church so that's where we were married. We had a reception at the Twentieth Century Club in Reno.

Following the goodbyes all around the family, we left on the train about 9:30 that evening on our way to Detroit to pick up the new car. I remember that we drove out of Detroit and spent the night in Windsor, Ontario in Canada. Then we drove across a small portion of Canada and then went by Niagara falls. That always used to be a must on a wedding occasion. As we got into New York State we ran into a real howling snowstorm

which made driving a little bit difficult. The roads weren't plowed, but we plugged along and got into Boston pretty much on schedule.

We had made arrangements with this good friend named Clarence Nelson, whose home was in San Francisco. His wife Marian was a children's dentist and she had graciously invited us to stay at their apartment until we could find an apartment of our own. We found one in a location in Boston called the Fenway which was about a half mile from the medical school. The Lying-In Hospital was just across the street from the medical school and the Boston Museum of Fine Arts was just across the park from our apartment. The Gardner Museum and Fenway Park were within walking distance. So we were really pretty centrally located. We set up shop in a hurry. We had a real small apartment with a kitchen and living room. Our bed was in an alcove just off the living room.

When I reported for duty at the Lying-In I was met by a lady named Louise Souter. She was quite an administrator and had a reputation for running the hospital with an iron hand. She told me in no uncertain terms that I was to be in this hospital and that this was a twenty-four-hour-a-day appointment and that I would be able to get off on the following weekend from six o'clock until eleven o'clock in the evening.

I wondered if I had progressed or regressed in this endeavor, but it really wasn't all that bad except that they did lock the front door to the hospital at eleven o'clock. There were some supervisors who answered the bell quite promptly and others who liked to let you stand out in the cold until they decided to come and open the door for you. On probably the second occasion that I got there one of the supervisors locked the door just as I was reaching for the doorknob and turned her back on me and walked back to her office.

This annoyed me a little bit. I reacted in the way that I'm sure she knew I was going to. Instead of ringing the bell I kicked the door. She came back, let me in and gave me a lecture and told me that she was going to report me to Ms. Souter for having kicked the door. I thanked her and went up and got back into my uniform and everything worked well until the next morning when I was just beginning my duties, I heard myself paged. It was Ms. Souter's secretary telling me that I had an appointment with the superintendent and she was waiting and I was to drop what I was doing and make an appearance, which I did.

As I walked in she didn't invite me to sit down. Her greeting was, "You know what you're here for."

And I said, "Yes, ma'am."

And she said, "We have rules in this hospital. I already know that you probably know you were treated rudely, but eleven o'clock is eleven o'clock."

And I thought I could catch more flies with honey than I could with vinegar, so I said, "Yes, ma'am, I am a great believer in rules and I will adhere to them quite strictly from now on."

And I was about to add another sentence when she said, "Very well. I think that if somebody had closed the door in my face at the stroke of eleven and had turned her back on me and walked away, I may well have reacted in the manner that you did. I have already inspected the door and found that you didn't kick it very hard, so you're excused."

It was really comical—the kind of trivia that some people would have gotten themselves in real trouble by scarring the door or blasting the supervisor after they got inside. But we became fast friends following this little episode. She had proven her point and I had let her know that she was in the

driver's seat and there wasn't much sense in trying to cross her.

The first month passed very quickly. The next three months were spent on what was called the district and there was a class in obstetrics at the medical school which was sponsored by the Lying-In where the students delivered babies in the homes. You were sent on this assignment for two weeks and usually they felt that you would deliver somewhere between ten and twelve cases. It was a real busy service. The Lying-In Hospital used to deliver about 6,000 babies a year.

I was sent on my first assignment to a home on Dudley Street which was in the Roxbury district and that's where the medical students were located. And you had a telephone there. Fortunately, you were allowed to use your quarters at the Lying-In as headquarters and keep in touch with the Dudley Street location. Also you conducted a rather large prenatal clinic in the district. The students were supposed to be there, but they often were out sitting in homes with patients in labor and one didn't see very much of them.

Dr. Irving was a very intelligent individual and he knew that when students went to a home they were under a lot of pressure. So he wrote a little handbook and everyone was supplied with a copy and several copies were placed in each of the district headquarters. It spelled out in detail that when you went to call on the district you were to knock on the door and say to whoever answered it, "Good evening Mr. or Mrs.," as the case may be.

And he said, "You wouldn't believe it. There were many instances when the medical students would go up and it didn't matter who answered the door they would by rote say, 'Good evening Mr. or Mrs. as the case may be.' Those are little details that I anticipated so I wrote them down in this book."

The district work was actually kind of a bore. The birthing process is a physiological one and Dr. Irving was a firm believer in the fact that hands off was the best policy. If you could just bide your time and roll with the punches, these ladies would have their babies in spite of you. He said to just do the obvious things like tying off the umbilical cord and waiting for the placenta to deliver itself. And there were hard and fast rules that were underlined in red ink. One of them was not to pull on the umbilical cord that was attached to the placenta. He would emphasize this at all the meetings and he said, "Oh, I know that there are going to be a certain percentage who pull on it just to see what happens. And it almost always happens." We were well enough acquainted with him in a very short period of time to be smart enough to let it drop and not ask what happened, because he said you were supposed to know.

I can't remember any complications. The three months went by very quickly. I remember one very amusing incident. Two of the medical students had taken a real shine to Tick and me. At the end of their two weeks on district they invited us to go out to dinner with them. (One of these students was later to be a very prominent surgeon in the Harvard Medical School system and his name was George Clowes. I remember meeting him at various meetings throughout the country over the years. His family owned shares in one of the prominent pharmaceutical companies, and he and his family are probably one of the large donors to the Harvard Medical School. He passed on within the last couple of years. I remember reading in one of the Harvard magazines that they made a \$1,500,000.00 endowment to the school in his honor.)

It was amusing that we went to a little Russian restaurant which I had never heard of, and it was not too far from our apartment

on Park Drive which was right on the Fenway. But we had a delicious meal starting out with borscht, which I had never eaten before. All the subsequent items were quite palatable and we had an unusual dessert. Everything went well until we got the bill. This was really quite amusing because George looked at his partner and they were giving each other signals one way and another and finally George said, "Gee, I'm terribly embarrassed, but we forgot our wallets." So I paid the bill for them and got us out of the place. They were terribly embarrassed. Knowing George over the years, I can well see how he might have been, but he took it in stride and so did the rest of us. They got together and repaid me early the next day.

Remaining three months of the obstetrical service were very busy. Breakfast was served at six o'clock in the morning in a small, very well-equipped dining room. They had excellent food and excellent service and Ms. Souther sat at the head of the table and Dr. Irving sat to her right and any other members of the staff were seated in chairs around. Usually there were about seven to ten people at breakfast. In this group there was the resident and assistant resident and then the interns that weren't already in the delivery room.

From then on you were on duty twenty-four hours a day and if, for any reason, you had to be away, you were to let either the resident or assistant resident know and also be covered by another intern. Dr. Irving repeatedly said that these rules were made because obstetrics was different from most other specialties. "If you do an operation and you run into something unexpected, you can always sew up the incision and come back later. But when a lady starts to deliver there's no turning back." He was full of truisms which I'm sure are remembered by most of us.

How big a staff did you have?

There were usually an assistant resident and a resident and three interns. The hospital had probably 150 beds, but it was like a General Motors' plant. It was a production outlined hospital that really did things efficiently and got people in and out as quickly as they could. It was a real good service.

The internship was a real busy one and having three interns on call 24 hours a day left you in a quandary because we used to work in eight hour shifts. The thing that left me up in the air was when people would say, "How many deliveries do you think went on during a 24 hour period?" I really never knew. There were a lot of them.

They were just beginning to find out about the Rh factor. There was a very brilliant hematologist at the Children's Hospital named Lewis Diamond and he was forever coming to the Lying-In at all hours of the day and night drawing blood samples. In this vast number of babies that were delivered we had two cases of jaundice among newborn. These cases were progressive and were referred to as malignant icterus. Dr. Diamond said this was due to the Rh factor. It was interesting that one of these cases survived and the other succumbed. The complications were really in the low percentile of occurrence. Later in Reno I was exposed to several cases in a much smaller number of deliveries. The technique of diagnosis had been so refined that they were able to pick them up much more easily.

I got to do one Caesarean section while I was at the Lying-In. I had as cohorts a couple of interns that were not real observant, not real good diagnosticians. They were merely passing through, waiting for other appointments. One got real annoyed with me because he had followed a lady in labor

for about six of his eight hours of duty. When he passed the duty on to me he said, "Now this lady has a breech presentation. Darn it. I haven't delivered a breech yet and I was hoping that I would deliver this one." But he said, "She's just one finger dilated."

And I thanked him and went in and examined this lady and I had to smile inwardly because what he had been doing for about three or four hours was to examine this patient periodically and he was feeling the anal opening of the presenting fetus rather than the cervix. And so I went in and ascertained this right off, and draped her and extracted a breech. If you extracted three or four during your tenure you had more than average. And I think I delivered six breech extractions while there, which pleased me because they can be kind of hair-raising.

About three o'clock one morning I had just gotten to bed and thought that I might catch a few hours sleep before breakfast when I heard a knock on my door and quickly jumped up and turned the light on. And who should be there but Dr. Ralph Adams, who was the intern from the Massachusetts General Hospital who had developed tuberculosis and had to go to the sanitarium. He was the one that Vernon replaced for a year. He came up and said he wasn't going to take very much of my time, but he had an important message for me. I was kind of flabbergasted. I had just been awakened from a sound sleep and I really didn't know what to expect.

He started off by saying, "How have you liked your internship?"

I told him that I had enjoyed it very much and had learned a lot.

And he said, "What have you got lined up following this?"

I said, "Oh, I'm all lined up. I'm going to go to the Free Hospital for Women as soon as

I finish here. Then I'm going to take up OB-GYN as a specialty."

He said, "Well, think this over. I was talking to Dr. Allen today and they are going to revise their internship at the General Hospital and they are going to make it a five year appointment rather than the present four. And this is going to start on the first of July like all the other appointments start. Dr. Allen asked me if I would get the message to you that you can have the appointment on his service if you want it."

And it didn't take me very long to make up my mind that I wanted it and that this was going to be a turning point in my post-graduate studies. I would have time to fulfill my commitment at the Lying-In and then I would be able to take my internship at the Free Hospital for Women and I would finish that appointment in time to move from there to the General to start the new appointment the following morning.

He said, "Well, what do you think?"

And I said, "Well, I have always thought real quickly. What is my next move? I want to go back to the General and I want to pursue general surgery. Although I am all lined up to go through a real good course in OB-GYN. I would rather drop this and continue with surgery if I can."

And he said, "Well then, what I would do is call up Dr. Allen and make your arrangements with him."

And I said, "Well, when should I do this?"

He said, "Well, there is no time like the present. If I were you, right after breakfast call up Dr. Allen's office and ask for an appointment. He usually starts seeing patients at two o'clock, but talk to his secretary. You know her."

I then asked him to tell me her name again because I wasn't sure that I knew her. I said,

"I'll call and ask for an appointment for this afternoon."

He said, "Fine. Good luck. I'm sorry I woke you up."

I said, "Well, you can't imagine what a pleasure it was to have been awakened and get that kind of news. This is going to make a big change in my life and something that I wanted to pursue that I had pretty much given up when I didn't get the residency appointment."

Anyhow, he said, "You're off on a new track now." He said, "Good luck," and left.

This left me in a dilemma for a while. I knew that this appointment was probably forthcoming the way that Ralph had put it to me, but I knew also that there would be several people who would be in contention for this appointment. So I mulled this over for a long time and I didn't get back to sleep. I went down and had breakfast and then went on with my work. I finally got through to Dr. Allen's office in mid-morning and his secretary kept insisting that she had to know what the nature of my appointment was. Was I having some kind of surgical procedure? Wasn't I feeling well?

My only answer was no, this was entirely a business consultation and Dr. Allen would know why I was asking for an appointment.

She finally said, "OK, I'll put you down for 1:30, but I want you to know that promptly at two o'clock he will be seeing patients and I want you to watch your watch and make sure that you're out of here by that time."

I assured her I would. So at 1:30 I had been waiting in his office for ten or fifteen minutes and I had been offered tea or soft drinks at least a half a dozen times. Finally Dr. Allen arrived. His secretary ushered me in and he looked at me with a smile on his face and said, "Well, what brings you here on such an urgent mission?"

I said, "Dr. Allen, Dr. Adams brought me your message early this morning. I'm here to discuss the terms of this appointment."

And he was real cagy. He said, "Well gee, you know that this is just in the formative stages and we haven't made any decisions yet."

I said, "Well, I'm sure the formative stages are all well outlined. I am also sure that you had a reason for sending Ralph up to bring me this message. I want to assure you this has been one of my lifelong ambitions to complete my surgical training at the Massachusetts General. When I left a year ago, I had other arrangements to make and I have an appointment at the Free Hospital for Women and then I am to return to the Lying-In for their assistant residency and residency program and then I'm going to go back to the Free Hospital for *their* final year of residency. These things are all cut-and-dried for me. Now what I need is your word that I have an appointment here so that I can let them know in ample time to let me off the hook. They've all been real nice to me and I have to act in the same manner with them."

Well, he hemmed and hawed and he said, "I am only a member of a committee."

And I said, "I realize that, but I also realize that you're probably the top member in the committee. I've got to have a yes or no answer today."

And he said, "Well, you're putting me on the spot, Ed. You're just asking for the moon."

And I said, "Dr. Allen, I feel that at this stage that I've got to ask for the moon because I'm all lined up for an excellent surgical residency program in OB-GYN which I am very interested in, but I am more interested in a surgical residency as it was put to me by Dr. Adams. I think you can see my point."

He said, "Oh well, you don't have to let them know today do you?"

I said, "Well if you let me know today, I will let them know today, yes. I think that's the fairest way to go about this."

He said, "Well, why don't we have a cup of tea?"

I said, "Dr. Allen, I've been awake now for about 24 hours and the last thing in the world I want is a cup of tea. All I want is for you to give me a yes or no answer. Your secretary has already warned me that I'm not to waste a lot of your time and I know how busy you are. I know that you're going to start seeing patients very shortly, but I have a load on my mind and I have to have an answer."

He said, "Well, what if I were just to sit back here and say that I can't give you an answer?"

I looked at him and I said, "Well, then I guess what my next move is, is to say 'thank you' and assume that you are giving me a negative answer because I can't really in all good faith carry on not knowing what the future is going to be. I hope that you're just putting me off to put me under a little pressure and see whether I will relinquish or not. But if that isn't your intent, I guess I'm going to have to go away from here feeling that I had an opportunity that I had to turn down."

He said, "Well, what if I were to tell you as I've told you before that I am only one member of a committee and that even if I were to tell you 'yes' that you would still be at the discretion of the other four members?"

I said, "Dr. Allen, all you need to do is tell me 'yes' and I'll tell the people at these other two hospitals that I've changed my mind."

He said, "You're taking a big chance."

I said, "If you tell me 'yes' I'll take my chances." So I looked at my watch and it was almost two o'clock. I had just been trying to be as polite as I could and yet being as firm as I could. I said, "Dr. Allen, do I have an affirmative answer?"

He said, "You're really putting me on the spot, aren't you?"

I said, "I'm sure that you have been on much larger spots than what you indicate I am putting you on. But I think that you, in all fairness, can see my position and my obligation to notify the professors at these other two hospitals that I've had a change of plan. I think that the sooner that I tell them, the more they will appreciate it. All you have to do is make a simple yes or no answer and I'll take your word for it."

So he said, "Well all right Ed, let me put it to you this way. I hoped that I would see you. I really didn't expect to see you this quickly, but I can see that you're enthusiastic and you have my answer in the affirmative. I hope we'll see you on the first of July."

I said, "Dr. Allen, I'll be there."

So that was a great hurdle to get over with. I was so enthused that I really couldn't make up my mind who to let in on the news first. Tick was working at a lending library for R.H. White Company which was down in the center of Boston, and I knew that if I called down there I probably wouldn't be able to get through to her because she was in a remote part of the store. So I reconciled myself by saying, "Well I can try to call her later this afternoon."

Then I came on back to the hospital and got involved in a couple of deliveries which took my mind off the matter for the time being. When I finally got those taken care of, I made a collect call to Vernon's office to let him know about it. I was lucky enough to hit him as he was coming into the office and he was highly elated over the fact that I had gotten this appointment. So I asked him to let the family know and let Bill Ligon and Margaret know so that they could pass the word on to Tick's family. Then I thought, "Well I'll have

to bide my time and see if I can find Dr. Irving in his office,” but he had signed out early that day. So I wasn’t able to do anything. I was able to get in touch with Tick later in the day and we decided that we would go out to dinner. There was an excellent little cafe called the Cafe Amalfi right in our neighborhood.

So she said, “Oh, why don’t you let me fix something at home?”

And I said, “No, let’s go over there and have dinner in celebration of my new appointment.”

She said, “What in the world is that?”

And I said, “Well, Ralph Adams came and told me that they were changing the format at the General and that I can start an assistant residency on Dr. Allen’s service on the first of July. I’ll be assistant resident for a year and then I’ll be resident on either one or the other service for the next year. I’m giving up the OB-GYN routine and I’m going to pursue the surgical training that I’ve always wanted.”

So she was thrilled about this and so we got cleaned up and had a nice evening meal at the Cafe Amalfi. I ran into a menu from a restaurant called Lockobers, which is one of the topnotch restaurants still in Boston, and it reminded me of this Cafe Amalfi. You could go there, have an antipasto, then have either soup or salad, then all kinds of entrees and pastas. They were all freshly made in their own little restaurant. One of the favorites was a “Fillet with all the Trimmings”. Then you got a great big bowl of spumoni and Italian biscuits for dessert. You can’t believe the price we paid for that. It was ninety cents! It even made it affordable on the ninety dollars that I had collected for my salary at the Lying-In.

Did you see Tick pretty regularly—daily?

Those last three months at the Lying-In, I used to see her everyday, but sometimes it was rather briefly because Ms. Souter ran that hospital with an iron hand and she seemed to have her finger pretty much on the pulse. If you got taking too much leeway and were away from the hospital too long, she let you know about it.

Was she some kind of a nurse originally? She sounds like a little martinet sort of a lady.

I can’t answer whether she was a nurse or not, but I can answer that she *was* a martinet and that she ran one of the most efficient operations of any that I’ve ever come in contact with. She was one of those people who let you know she was in authority and that you had your duties to fulfill and as long as you did, you were treated A-1. And I imagine that if you didn’t tow the mark to her satisfaction, that you’d get the boot. Period.

APPOINTMENT AT THE FREE HOSPITAL FOR WOMEN

You were at the Lying-In and then what about the Free Hospital?

I finished my appointment at the Lying-In on one night and I arrived for work at the Free Hospital the next morning. That was as interesting, instructive and concentrated a course in GYN as I think anybody could ever put together. It was a small hospital, probably not more than eighty beds. And then there was a small private wing. The superintendent of the hospital was a delightful lady whose name was Margaret Copeland. She was about as lackadaisical as Ms. Souter was emphatic and practical. Ms. Copeland ran her hospital

in a relaxed manner and she took everything jovially and never got very uptight about anything.

The hospital had a small staff. Dr. Pemberton was Chairman and Chief of the department of Gynecology in the Medical School and he was a very knowledgeable individual, but he never tried to impress you with how much he really knew. Being in that position he had to be a top-notch. He had trained at the Massachusetts General Hospital and even though he was approaching it from a GYN standpoint, he was the type of surgeon who, no matter what he bumped into in the abdominal cavity, could do a bowel resection just as thoroughly and adequately and technically perfect as any of the surgeons that I bumped into in later years at the General. He was an excellent surgeon and he had a dry sense of humor that made working with him a pleasure. The operating room nurses were all old hands who had been there for several years. Everything went just like a well-cared for clock. It was really a busy service and he knew what was going on and inspected the surgical schedule daily. He was the kind of individual who often would start an operation and would be into the abdominal cavity, and then for no good reason, or for no obvious reason, he would make a remark like, "What a bore." And he would turn around and take his gloves off and leave the operating room. And he did that to me the first day that I ever operated with him and I wondered what had prompted this.

With that the operating nurse slapped a clamp in my hand and she said, "Sonny, get going. You're the surgeon now and I'm the assistant *and* the scrub nurse." I had the feeling that if I had fainted at the spot, this nurse could probably finish it just as well as anyone else could.

They still called you "Sonny" and you were three years out of medical school?

The scientific team at the hospital was George Van Strickland-Smith and his wife. He was an excellent surgeon and was really a delight to have around the hospital because he could answer almost any question right off the top of his head. He was also one of those people who, right after he gave you an answer, could give you about five or six references that you should go to the library and look up.

The pathologist at the hospital was a budding person at that time who was a student of Dr. Wolbach's from the Peter Bent Brigham Hospital. He later became a very well-known OB-GYN pathologist. He was quoted on several occasions as being a real authority on tumors of the ovary.

We had another visiting man, Paul Young, whose interest was female urology. In my short tenure there I didn't really see any urological injuries, but he was always on hand. Although he was an excellent gynecological operator, he also had charge of doing all the urological investigative work like the retrograde pyelograms and cystograms that used to be performed for studies on patients who had incontinence and things like that. He was a real top-notch.

The other remarkable thing about the Free Hospital for Women was that they had the largest single amount of radium of any hospital in that whole area. If you combined all the sources of radium in the various hospitals in New York, they may have had more, but no one hospital had [more]. I think they had in the neighborhood of 500 mg of metallic radium in the hospital.

Dr. Pemberton made all of the procedures around the Free Hospital seem so simple

and he said, "Whenever I treat cancers of the cervix or the uterus with radium, I'm not very good at arithmetic. When you mention mathematics or trigonometry, it leaves me cold. But I know that if I put in 100 mg of radium in an applicator and I leave it in for forty-eight hours, I've delivered 4800 mg hours of radium. That makes it easy for everybody. All you have to do is get somebody to take it out at the end of forty-eight hours." He made light of almost everything. He said, "At other hospitals around town you have to have a degree in physics to handle radium. Radium is a very dangerous modality of treatment and you have to be careful with it. But if you'll just follow these simple rules, you'll never get in trouble with it."

Oh, we did a wealth of cases there. I learned how to do vaginal hysterectomies, which had always been a delight. And when I went back as resident at the General, I was able to bring that back with me. I was there for six months and in July of 1939 I went to the residency.

MASSACHUSETTS GENERAL HOSPITAL: ASSISTANT RESIDENT

I was on call at the Free Hospital for Women until six o'clock in the morning January 1, 1940, so when my relief came I got in my car and headed for Massachusetts General Hospital. I met the interns in the dining room, had breakfast with them and started my new assignment as assistant resident on the East Surgical Service. This was to my liking because I had interned on the East Service under Dr. Allen. As you remember, it was Dr. Allen who had put out the feelers for me. I was quite happy to start off on the East Service. I was very familiar with their routine.

Being assistant resident was an interesting appointment because you had a lot of responsibilities but could always ask for counsel from the resident. I was quite cognizant of the fact that one should consult with the upper-echelon before doing anything definitive, unless it happened to be in an emergency type situation, and then everybody was quite understanding and gave full support. Things rolled right along. The service was a very active one and, as I told you before, it was a great place for training, especially for the type of practice that I had set my eyes on, and was coming back to Reno to do.

We had, in addition to the regular run of general surgical cases, all sorts of tumors of the entire body. We had tumors of the parotid gland, the thyroid, and tumors of the chest. We were not involved, except for diagnoses, on the neurological tumors and the neurosurgical cases. Some of Dr. Churchill's assistants would consult and usually take care of those. One of the visiting men on the service had been trained in thoracic surgery. They would still consult, but if they wished, he would take care of it. Then, in addition, we had all the female surgical problems. Dr. Meigs was hot on the trail of starting his new Vincent Memorial Hospital. After my residency, he finally established the Vincent Memorial Hospital and all of the GYN part of the female surgery was admitted to that hospital. I had the benefit of it as long as I was there, through the assistant residency and through my year as surgical resident. This was great because there was a wide variety of cases that you were concerned with, and although I didn't know it at the time, it was exactly the kind of things that you would bump into in a busy surgical practice, probably in any city that you decided to settle in.

The resident at the time was Butch Donaldson; his name was Gordon, but

everybody stuck with his nickname, Butch. He was a Harvard graduate. His family lived in Lincoln, where they had a twenty-acre farm. His father and mother busied themselves with growing vegetable gardens and always keeping the house staff supplied with a lot of corn, which we would arrange to have cooked in the hospital kitchen and then brought up for what Donaldson liked to refer to as “protein” meetings. He would dispatch someone on the staff, or sometimes he would go himself, and get either fried chicken (which I think was a precursor of the Colonel’s variety which we are familiar with now) or at times barbecued ribs or sometimes hamburgers. They would get two or three dozen hamburgers at a place called the White Tower, which was a franchise; there were several of those throughout the New England area.

About once a week, there would be a gathering of the East House staff plus any of the fellows on the West Service who happened not to be busy. These were interesting meetings; one of everything was discussed. We had a direct line telephone in this meeting room so that everybody was available to be called, although one of the good things about it was that you couldn’t be paged in this particular room. I don’t know whether it was designed that way or whether the paging system had been altered by some of the previous residents, but it was convenient and we had a lot of good times at these meetings.

Butch would always make a little speech about the corn that we were about to partake. I remember one in particular that he said his father had become very enamored with. This was a yellow corn which had been developed in Iowa and it had seven rows of kernel to the ear. It was a small-kernel type of corn and was quite tasty and actually a very pleasant type of vegetable to eat. Anyhow, that was one

evidence of the frivolity and comradeship that we had on the service. Every one had ample time to discuss problems and voice criticisms or to air any gripes they might have. I think it was a real good way to establish harmony among the house staff in general.

Donaldson was one of the house officers who fell prey to the tuberculosis problem in the hospital. He had spent a year out, right after Vernon had finished his residency, and he was not running full bore. There also was a fellow there named Richard Thompson, who had just finished his residency, and he had little doubts about going right into practice. He used to come and don a white suit and fill in. Dick, as I mentioned in one of our previous sessions, was a well-qualified guy but he was not very forceful and didn’t instill a lot of confidence in his cohorts. And we all got along, but we were happy when he finally decided that he was going to establish his practice in Salem, where his wife’s family had a big estate. I’m happy to say that he was quite well received in Salem, and did a good job. In later years he became chief of the surgical staff at the Salem Hospital, which was a good appointment.

For the two surgical services we ran anywhere from ninety to about one hundred fifteen beds. In addition to the general surgical things, we rotated fractures with the orthopedic service, so we had an overflow ward when our surgical wards would get filled. Or, if we had septic cases, why, then we could get free beds by moving them onto the so-called special wards. Ward E was one of those. It had a conglomeration of patients all the way from terminal cases, septic cases and fractures, to pediatric cases. All the residents were transporting patients on litters in the middle of the night to free a bed on one of the open wards, so that we could get an extra patient. It was a very, very busy service on both the East and West services.

The surgical services and the medical wards, of course, were separate. The medical wards were in what was called the Bulfinch Building. But they had, I imagine, somewhere between sixty and eighty patients a service on their wards, too.

And then they had special wards or wings for eye and ENT and all of that?

Well, the eye, ear, nose and throat cases were all admitted to the Massachusetts Eye and Ear Infirmary, which was in a separate building, and taken care of by an entirely separate staff.

How about OB? Was that in your building?

Actually, the only OB cases at the General Hospital were those that the visiting obstetricians and gynecologists would admit to the private wards, like Phillips House and Baker Memorial. The rest of them were emergency cases and would be referred to the Boston Lying-In. We had no OB service at Massachusetts General Hospital.

You didn't have any psychiatry in your area?

There was a psychiatric staff, but they functioned mainly in a consultative type of practice. Their schooling was done mainly at the McLean Hospital, which was in Cambridge and was entirely a psychiatric institute. Also, they had a lot of training at the Boston Psychopathic Hospital, which was a triage center. They saw a lot of cases that were referred there, and then they would send them to the various psychiatric institutes around the city.

The people who were in psychiatry—there was usually an assistant resident and a resident—took care of, mainly, the private

patients that the staff psychiatrists furnished, but there was really no psychiatric service per se in the General.

We had a senior intern, a junior intern, an intern who was on the male ward, another on the female ward, and then, of course, there was the intern who was rotating through neurology. There were about eight interns, in all, on the service.

That's for about a hundred patients, right?

Yes. I forget who it was who was visiting at the time but they knew that I had been at Free Hospital for Women, so on my first day there I was elected to do a couple of hysterectomies and a vaginal repair operation. The techniques there were quite similar to those the men did on the general surgical service. Dr. Meigs was the head of that particular specialty, but there were several people like Dr. Lang Parsons, who was his assistant, as was Grantley Taylor and Marshall Bartlett; and the junior people like Claude Welch and Tad Blands and John Stewart; and Oliver Cope, who was a more senior person. But they were all well-trained in gynecology and all did excellent female operations. Dr. Frank Pemberton was the professor and head of that department in the medical school. He had been trained as a general surgeon at the General before he took up that specialty, and he was well qualified. If he looked into a case that needed a colon resection or had some odd type of surgical disease, he felt that he was already in the abdomen and that he could take care of it just as well as Peter Bent Brigham or the General Hospital, and he went right ahead and took care of the problem. I've got to say that he was just as deft a surgeon as any of the people on the visiting staffs at any of these hospitals. It was actually a pleasure to be surrounded by people like that. That was my philosophy:

if you bumped into something that was unexpected, you should be qualified to take care of it. That was the teaching that was passed on to me, and I must say that I agreed with it entirely, and I followed that practice. In other words, starting an operation, you always had plans for two or three options in case you found something different from what you were expecting.

For routine stuff, say, a hysterectomy, you would be the chief surgeon. Who would scrub with you?

One of the interns. There were always students who were taking their surgical course who were encouraged to scrub. They were great assistants, actually, because you could always get them to hold retractors. That always gave you an extra set of hands or freed up the hands of your first assistant so that he could really lend all his attention to what was going on, rather than trying to do it with one hand and retracting with the other.

You would scrub with the senior resident for bigger cases?

As a rule, the senior resident usually would have the senior intern as his assistant. Sometimes, if something came up where the senior resident was in need of an assistant, then the assistant resident was generally free to help. Being assistant resident, you had a lot of extracurricular chores to do, such as helping the junior intern put the surgical schedule together. You also were often called, when the resident was tied up, to see cases in the emergency ward. You not infrequently would be called to go over to either the Phillips House or to the Baker to lend a hand there at whatever might come up. You did a lot of surgery, but you were not as tied down

with a routine as the resident himself. This was good, because you got exposed to a lot of different situations throughout the day, most of which were quite interesting. You learned a lot from various individuals, especially when you went to the private wings. There were several people who admitted cases to the Phillips House and to the Baker, who had finished their active teaching assignments in the hospital, but were still admitting their private cases.

I remember one day when I was called to the Baker Memorial, and had the privilege of assisting Francis Codman, an emeritus orthopedic surgeon. His specialty was the shoulder, and he was repairing a supraspinatus tendon that had ruptured. Now you would refer to it more as repairing a torn surgical cuff. He was a delightful person to operate with. He had a good sense of humor. I remember when I went up there, why, he told me to stand over on the other side of table, and then proceeded to quiz me about my knowledge of the anatomy of the shoulder. I answered correctly on the first couple of questions that were put to me, and then he looked across the table and said, "Well, you seem to know *all* about this certain thing."

I was quite quick to tell him that I knew very little about what he was undertaking, that I was quite pleased to have the privilege of helping the expert on this particular injury, and that I was going to do my best to try to remember all the steps he had taken, although I was sure it would probably never be my responsibility to undertake that kind of an operation. I was really happy to be exposed to his surgical technique.

Periodically you would be called to assist one of the orthopedic surgeons that was nailing a hip fracture. Dr. Smith-Peterson was the head of the Orthopedic Department. He had devised the three-flange nail that they

used to drive through the neck of the femur and into the surgical head to try to keep the fracture immobilized so that it would heal. Of course, that type of surgery has all been replaced now, and it's completely different. Instead of trying to get fractures of the hip to heal, which always meant a six or eight-week session in bed and then gradual movement from bed to a wheelchair, and probably no weight bearing for maybe five or six months; now the head of the femur is removed and is replaced by a metallic prosthesis. People are out of the hospital and up and walking, probably, in three or four days.

This was a marked change in what I was exposed to, but I'm glad that I had those opportunities. When I came back to Reno to practice, Vernon and I did several hip operations before any younger orthopedic surgeons came in. Then we were happy to turn them over to people who had been specially trained in that particular specialty. I can remember that I used to help Dr. Herz and Dr. Teipner and also Dr. Harper, who were the early orthopedic people here, in the early days of 1946 and 1947. When the newer people came along, they did much the same type of operation.

There was an active thoracic surgical service, although it was done in conjunction with the general surgical schedule. Dr. Churchill did the majority of the lobectomies. I always remember a paper that he wrote about having done 102 consecutive lobectomies for bronchiectasis without a fatality. There were several thoracic surgeons around the country who voiced skepticism about whether this was an accurately reported series or not. There were several grades of undertones, they were rather hurt that anyone would question the accuracy of something like that, because, I think, only once or twice did I ever hear any

real criticism of other institutions by any of the staff members at the hospital.

I remember one of them. One time Dr. Fuller Albright was talking about a case of parathyroid disease. He started off his talk by saying that this was going to be a presentation of a case of parathyroid disease, which would be followed from the onset of diagnosis to the completion of treatment in the hospital. His little snide remark right after that was not done in the sense of criticism but he said, "This is not going to be like they do at the Mayo Clinic, where they are reporting four hundred consecutive cases of parathyroid disease. In that kind of a series, I am sure that cases are included which really are not genuine examples of parathyroid disease." But by and large, nobody on the service ever was critical of work that had been done in other institutions.

Almost every day I would hear the statement made that your goal should be to learn at least one positive thing each day, whether it was something that you would retain and use in your practice, or something that you disagreed with and would choose some different method. The general theme was, "Just remember that all the people that you are associated with have gone through the same training that you have, either here or at some other institution, and although you may not think so, they know a lot more about what they're telling you than you do." This was quite obvious and was a good thing to keep in mind.

Some of the interns and young visiting men would make remarks about some of their conferees, saying that it took them all day to do something, or that they were exposed to this technique, but somewhere along the line all of it didn't rub off. When you finally got around to helping some of these people do

a procedure, why, you couldn't help but be impressed by the fact that they did it about as well as the next guy. The fact that it may have taken them a little bit longer, I always felt was to their credit rather than something to criticize them for. I always felt that what you needed to do was to take the time you needed to get the job done correctly. If you took a few minutes longer, that really was not a valid criticism.

The training on the East Service continued until October, when Dr. Churchill called me to his office one day, wanting to know: how I was enjoying working as assistant resident on the East Service, did I have any criticisms or comments of what was going on, was I satisfied with my learning, and was I still happy about having come back to be the resident? All of these queries were real easy to answer in the affirmative, because it really had been delightful, and I was really happy to be back there.

"Well, now," he said, "I have a new proposition for you. I'm going to ask Dr. Allen to relieve you of your last two months of service, because I want you to do as I did in my early formative years. I'm going to make arrangements for you to spend some time in New York City at their hospitals. I'm also going to make arrangements to send you down to Johns Hopkins. Also, I'm going to send you to several of the hospitals in Chicago. I want you to spend some time at the Mayo Clinic and find out about their type of surgery and what their methods of approach are to the problems that you have been exposed to in our hospital. I want you to be observant and to ask all the questions that come across your mind. And, you've got to be politic when you ask these questions and be sincere in what you're trying to find out, and not ask a question with the idea of then telling

them how it's done at your hospital. I don't want to get any feedback that I'm sending you around to be an emissary of our ideas to another institution."

This really kind of took me off my feet. It was a very pleasant surprise. One of the things that bothered me, to begin with, was that finances were still a problem in everybody's minds. In those days, there wasn't a lot of loose money around. Tick was still at a job at R. H. White Company in the lending library, and she was making enough money for us to pay apartment rent and to subsist on, but we were not able to put aside a nest egg to take all these trips.

He very quickly put my mind at ease by saying that when he was in training, people had provided the finances for him to take a year off and tour the clinics of Europe. This had paid off for him, in his estimation, in that he had learned a lot. I should relax and be at ease, because now there was a fund set aside for just this purpose and he would defray my expenses to go on these trips. This was great, and I really looked forward to it.

My salary when I was assistant resident was fifty dollars a month. And when I was a resident, I got paid a hundred dollars a month.

That was almost a living wage in the late forties!

Like the people in our community who have a lot of bills in their pocket, when they pull them out, your eyes pop open. They say, "This is just a little walking-around money."

VISITS TO OTHER HOSPITALS AND CLINICS; TRIP HOME TO RENO, 1940

Well, Dr. Churchill, was quite enthusiastic, and I think rightly so, and of the opinion that you should get around and see what

other people were doing with treatment of various cases and techniques of handling certain operations. He wrote a book, himself, which has recently been published by one of his associates, a fellow named Gordon Scannel, who was an intern on the east service when I began my residency. It's called *My Wunderjahr*. He goes on to tell about visiting the various clinics in Europe, and has maintained the same theory, that it's a good idea to send people around to various schools.

My first trip was to Johns Hopkins in Baltimore. I guess this was an easy trip for me to make, because the resident at Johns Hopkins at that time was a fellow named August Jonas. I had a room in Vanderbilt Hall my first two years in medical school, and I used to visit with him often. He was just finishing his third year when I arrived. He had known Vernon, and was very kind and helpful to me. He had, as his roommate, a fellow named Ken Emerson, who likewise was quite helpful and gave a lot of good advice. Ken Emerson stayed on, taught at the medical school and remained in Boston.

Jonas was completing a residency at Johns Hopkins Hospital, which was a little bit more involved than the one I was about to begin. Their residency went on for seven years. One year they worked entirely in a research laboratory, they had a year which was spent in travel, and also a year in pathology. Then they rotated through a neurosurgical appointment, which I guess was the idea of educating a person so that he could go on in later years if he saw fit to be a professor and head of a surgical department. I think there were several people who had those aspirations coming out of that type of training. Jonas himself told me, while I was down there, that he was going to go into practice with his father, the head surgeon for the Union Pacific Railroad in Omaha, Nebraska. He

talked at length about the fact that his father was overworked and that he was going to go right out and join him, right after he finished his residency.

I saw some new things at John Hopkins that, when I mentioned them to Dr. Churchill on my return, were rapidly vetoed as suggestions that might be implemented at the General. They had recently had a rather monumental change at Johns Hopkins. Their professor and head of the department had died about a year before I got there. There was a wide divergence of opinion as to who was going to succeed him. One of the contenders was a man named William Reinhoff, who had married one of the professor's daughters, according to Jonas and the assistant resident, Pickerel, who squired me around a great deal. Neither of them thought that Reinhoff would be a very successful contender in this appointment. They were quite politic in not voicing any expressions as to why they didn't think his chances were very good, but after being around there for three or four days, I could see why. Although he was a good surgical technician, some of his antics around the hospital gave you the idea that he would be an also-ran in this contest. He referred to Dr. Churchill as his friend, Pete, and he said he wrote a report about doing 102 consecutive lobectomies without a mortality. And he said, "I am now about to complete and report on one hundred consecutive pneumonectomies without a mortality." The mortality rate for a total pneumonectomy at that time, in all of the major thoracic hospitals, was around thirty-three to thirty-five percent. Doing a hundred pneumonectomies without a death was really out of the question.

I remember Pickerel taking me over on the medical ward one day to show me one of the cases that had been eliminated from the series and transferred to a medical ward where the

patient would succumb to pneumonia rather than to the results of pneumonectomy. This is a no-no. I can remember, on our service, that the answer was quite forthright whenever a patient succumbed on a surgical ward. If somebody was trying to rationalize the cause of death, the chief of service would always say, "If this patient had not been subjected to an operation, he would still be alive." And that was accentuated by his saying, "Alive, period, and don't try to make any more excuses about what caused his fatality."

There was a surgeon who had assumed the professorship during the interim search, a very, very busy, practical and excellent surgeon named Warfield Firor. He was doing thyroids the morning that I saw him. He was most courteous, and when Dr. Jonas asked him if I could be in the operating room, he went a step further, and said, "Why, if he wishes, he can scrub up and put on a surgical gown and be a member of the team."

I declined that, but he did an excellent job of exposing the thyroid gland, pointing out the parathyroids, and using much the same technique on the large poles as we used at the Massachusetts General. The large vessels were tied off with silk ligatures. But when he dissected the gland, he used the electrocautery and what later was known as the coagulation diathermy machine. He did it in a most masterful way and did about as bloodless a thyroid operation as you would ever want to see. Also, using the coagulation diathermy, he seemed to do it a little bit more rapidly than we did when we clamped and tied all the bleeders.

When I mentioned this to Dr. Churchill, he merely smiled and said, "I'm glad you saw it and were impressed, just don't ever do it in my operating rooms." I have never seen it done since then, but in that particular individual's hands, I wouldn't have hesitated for a moment

to let him do the same technique on me, he did it so skillfully.

The following day Dr. Firor did some intestinal surgery, which was done equally well. The innovation and use of the all-silk technique was started at Johns Hopkins. It was done masterfully by everyone I had the honor and pleasure to watch in the operating room. One of the surgeons did a radical breast operation for cancer. This was done in much the same way as it was done around the other hospitals, except that at Hopkins they probably were a little bit more meticulous in clamping a lot of the small bleeders in the fatty tissue, which would be controlled with a little pressure from a gauze sponge. As the dissection proceeded, the tissue would have been removed, probably a greater attention to detail than was actually necessary. This has certainly been borne out by the advance of the coagulation diathermy machine, whereby this could be done with just a quick spark before continuing with the procedure.

I went on rounds with the various surgeons. Dr. Jonas and Dr. Pickerel always accompanied the visiting doctors. It was quite interesting, because each one of them gave a brief history of the patient's condition and treatment. This was what we were used to at the General, except I felt that all of the doctors went out of their way to treat me as more of an honored guest than I really had reason to be accorded.

I think one of the most interesting parts of my visit there was when Dr. Firor took me over to a male surgical ward and said, "I think you'll find this very instructive. I'm going to leave you here, and you just wander through this ward and talk to the various patients." And he said, "There are a good number of stab wounds on the ward. Just for your own information, quiz them a little bit. If you want to, tell them that you're going to be taking care of them in

the near future and you'd like to become a little bit more acquainted with them."

I soon realized why he had suggested that I do this. The ward actually was composed mainly of colored people, and as I recollect, I don't think there was a white individual on this entire ward. The first person that I asked about this, was a young fellow, probably in his early thirties, who had a series of stab wounds to the chest. He was doing well. I asked him what had prompted this and his answer was, "Well, son, I really don't know. I was just sitting on my front porch rocking in my rocking chair, when this fellow runs up to me and starts cutting on me."

The theme throughout the whole ward was about the same. None of them had any of knowledge of why they had been attacked or who did it. Although it was quite obvious, after about the third or fourth person you interviewed, that there must have been more to it than someone just running up and stabbing somebody because he was sitting on his front porch in a rocking chair! Dr. Firor asked me on the following day if I had gotten the message that all these fellows were innocent victims of a vicious attack. We both had a good chuckle about it.

I also had an interesting experience. I went one day to meet Dr. Reinhoff at the Union Memorial Hospital in Baltimore, and to my surprise I ran into Dr. Ernie Mack, who was an intern at Union Memorial at the time. I knew that Ernie had gone to McGill University to medical school, but it was quite a surprise to run into him at Union Memorial, and we had a nice visit. Making rounds with Dr. Reinhoff and watching him do an operation, I was further convinced that he was not going to be a successful candidate for the professorship. He had operated on a wealthy Jewish lady who obviously had cirrhosis. She had a belly full of bile-stained fluid, and her gallbladder was

perfectly normal. Dr. Reinhoff went on to give her attending medical physician a long lecture about the fact that if you merely drained the common duct in these individuals, it had a very curative effect, and he could expect her to improve rapidly following this operation.

When I mentioned this to Dr. Jonas later in the evening, he smiled and said, "Well, I'm sure that you have learned in the past few days that some people, although they are excellent surgeons and have had excellent schooling and really would be in an excellent position to advance themselves, are just unreliable," as he phrased it.

I was treated royally. I was put up in one of the intern's quarters and was able to take breakfast and lunch in the interns' dining room. Both Dr. Jonas and Dr. Pickerel were quite generous in taking me out to dinner to a couple of real fine restaurants in Baltimore. One evening we went to a first-class place where we had Chincoteague oysters, and I was introduced to soft-shell crabs and Smithfield ham, all at the same session. I wondered if I was going to be able to show up for breakfast the next day, but fortunately, it all agreed with me.

I left there and went to New York City. When I went up to the hospital, I bumped into one of the former interns from the MGH, who was taking a sabbatical at New York Hospital. He squired me around there. He was Charlie Burbank, who was assistant resident when I went back the following year to the General.

I got a kick out of Charlie, because he advised me not to spend too much time with the surgeon that I was to observe the following morning. He was one of the top members of their surgical staff and sort of a prima donna who wasn't especially liked by the house staff. He had laid down a series of rules and was quite emphatic and forthright in correcting people harshly at the operating

table. Jonas further tipped me off that it took this man seven to eight hours to do a radical mastectomy. "I'm sure you already know there are people at the General who can do them in an hour or less and accomplish the same results, and probably do two or three in the time that this individual can do one. But as long as Dr. Churchill has advised you to come down and has made arrangements for you to visit him, why, you got to go. But, think of some excuse to get out before you fall asleep watching him." This rubbed off on me in a hurry.

I was asked to observe this procedure from a glassed-in observatory, which didn't give you a real good look at what was going on. You had to take the surgeon's word for the various important anatomical things he was pointing out, such as the long thoracic nerve and the axillary nerve, which were both important nerves that had to be spared in this procedure. I have to admit that I didn't get a very good look at them. After watching this procedure for about five hours, I had about reached the limits of my patience, and had been conjuring up some excuse for getting out of the observatory and going on rounds with Burbank, if possible, but I was saved by the bell. Charlie had sent in one of the hospital orderlies. He came in and pressed the communication button with the operating room, which I am sure annoyed the surgeon to no end, and he said, "Doctor," and he mentioned his name, "Dr. Cantlon, who is your visitor, is wanted on a long-distance telephone call from Boston. We're holding the call, and we hope you will excuse him."

I dutifully walked out with the orderly, and when I got out in the hallway, I bumped into Charlie Burbank, who said, "I thought you had done your penance for this day! If you want to see the end of it, why," he said, "you can come back about six o'clock or 6:30

in the afternoon. They'll probably be starting to sew up the skin by then."

This was a good out, because I only spent a day and a night at that hospital, and then I went over to the hospital at New York University. That was an interesting place, because Dr. George Heuer was the chief of surgery there. He was the one who had written all the papers that got Chuck MacMahon in trouble for not draining gallbladders and not putting a drain in the common duct after it had been explored. He was a delightful individual and assured me that I had the run of the hospital. He was not going to be operating the following morning, but he wanted me to be in the operating room because one of his associates was going to be holding sway, and he had an interesting schedule.

I also bumped into two of my medical school classmates: Jim Freeman, who was a surgical intern; and a friend named Marshall Ruffin, who was on the medical service. We had a happy reunion and went out to dinner at one of the good restaurants in the neighborhood of the hospital.

I returned the following morning and saw an excellent presentation of an operation for toxic thyroid and also an operation for cholecystectomy and removal of stones from the common duct. This man said that Dr. Heuer had done many of these operations without draining the common duct, but after the manipulations and the dilation of the common duct he felt more comfortable leaving the catheter in. I had to agree that this certainly was the thing I had been taught at the General, and what I would have done.

That concluded the eastern portion of the visit. I bade my classmates and my friend Charlie Burbank farewell, got on a train, went back to Boston, reported in, and had a very enlightening session with Dr. Churchill. He felt that I had seen what he had hoped I

would see: the top surgeons in the area. He said, "Just keep the various things that you have observed in mind, they will hold you in good stead during your later years."

I was kind of sorry that I hadn't had a chance to visit the Roosevelt Hospital or to get out to see the Kings County Hospital, which apparently was a tremendous hospital, much like the City Hospital in Boston. I guess Dr. Churchill felt that these other places would be more educational. He had closer contact with the heads of staff in those two hospitals, and he had probably never given these others a second thought. I didn't mention the fact that I was disappointed that I hadn't seen them.

I stayed around Boston, then, and filled in. We were planning on a trip to visit the hospitals in Chicago and Cleveland, and then on to the Mayo Clinic. Dr. Churchill asked me how I was going to get out there.

I said that if I got on this tour, that I had hoped that I could drive on to Reno and spend the holidays with the family, and then drive back in time to get to Boston on the first of January to start my residency.

He thought that was a great idea, to go ahead and make plans, and said, "You just fit this trip into your own schedule. You don't have to communicate with me anymore about your time of departure. Just fit it into your schedule, go ahead, and plan to be back here on the first of January."

We had, of course, the Plymouth two-door automobile that we had been given as a wedding present. This was in good running order, so we packed our bags, and started off. I had never driven on the roads between Boston and Chicago, and that worried me a little bit to begin with. But we got into Chicago and got located in a motel.

The first day I went to the Billings Hospital, which was connected with the University of Chicago Medical School, where Dr. Dragstedt

was the professor. He was an interesting individual, rather gruff with his advice about seeing the hospital. He mentioned two or three times that he was quite sure that I was familiar with his research on the function of the vagus nerves. He was the one who had recommended vagotomy as a treatment for the control of duodenal ulcer. He didn't have a whole lot more to say about that. I spent a couple of days at the Billings' clinics and didn't really see anything monumental.

I then went to the hospital in Evanston, where Kanavel worked—he wrote the textbook titled *The Anatomy of the Hand*. He was a delightful person to visit. He invited me into the operating room and let me stand at his elbow while he did an operation for Dupuytren's contracture, which was really a masterful procedure done by a master surgeon. He certainly pointed out all the pitfalls in the operation. He made a statement while he was doing this operation, "I am sure you are familiar with my book."

I assured him that I was.

He said, "Is the same thought running through your head that constantly runs through mine while I'm doing this operation?"

In answer, I said, "I think so."

"If you think so, what is it?"

I said, "The thought is: 'Watch the nerve; watch the nerve.'"

And he said, "That's what's been going through my mind ever since I started this."

Then he did a case to repair some flexor tendons in the hand, which again was done in a masterful fashion. He, of course, was very set in his ways. Although other people had recommended mobilization sooner, he felt that these tendons should be absolutely immobilized for a period of three weeks. He was probably right.

He had an assistant surgeon that I bumped into overseas, who was every bit as

accomplished a reconstructive tendon and hand surgeon as one could ever expect to find. He had remembered seeing me at the clinic when I was there. We had a good time there.

I went to the Rush Medical School just briefly, but didn't stay there to watch any of the surgeons operate. Dr. Churchill told me that I should go and give his respects to the man who was professor of surgery at Rush. He was a good friend of Dr. Judd from the Mayo Clinic. He was the one who had advised Dr. Judd to bring his son Ed out to their school. He thought Ed would get a good education; he was also sure that there would be no problem in his admission. When I asked him if Dr. Judd was still around, he said, "Oh, do you know Ed Judd?"

I said, "Yes, he was a classmate of mine at Harvard."

He said, "Well, he did very well in our medical school. Ed was an A student here. He spent one year in our hospital, but I advised him to go on to the Mayo Clinic and take his training there, where he was in a family environment."

From Chicago we drove to Cleveland to visit the Cleveland Clinic. Dr. Churchill had written the letter of introduction to Dr. Beck, a thoracic surgeon. I was kind of amused with Dr. Churchill's statement when he gave me this letter: "Well, give this letter to Dr. Beck. Have a nice visit with him, but unless he insists, don't bother to spend too much time with him in the operating room. He was the man who tried to cure cavitary tuberculosis by putting talcum powder in the pleural cavity to create adhesions to constrict the cavity." Dr. Churchill then smiled a little bit and said, "I don't know what ever made him think that would work, but he persisted in trying it for much too long."

I saw him, had a pleasant visit with him, although it was rather brief because he had

to attend some sort of committee meeting in the hospital. He told his secretary to notify them that he would be a few minutes late, which I thought was very generous of him. He gave me the names of a few of the doctors to circulate with, and then asked me if I was going to visit the Crile clinic. I told him that I was not, due to a time schedule.

I then saw what I think was probably the highlight of my trip in that particular community. I was invited to the operating room to witness one of the top cancer surgeons do two combined abdominal perineal/peritoneal resections for cancer of the rectum. This individual was a real little martinet; he reminded me a lot of Dr. Frank Lahey. He came over and spoke to me while they were getting the patient prepped and draped on the table, "Now, everybody asks me how long it takes to do a combined abdominal-perineal resection. I have two operations scheduled this morning, and I want you to watch your clock, or else the clock on the operating room wall. It takes me one hour to do this operation. If it's easy, it takes an hour and if it's difficult, it takes an hour. One hour is all the time that I allot to the procedure."

This really set the tone for me. I had assisted on a lot of these at our own hospital and had seen one at Johns Hopkins; they often ran into two hours plus, but I was willing to watch. The first one that he did was in a tremendously muscular man, who looked like a typical heavy equipment operator, in the six-foot-plus stature and probably weighed two hundred twenty-five or two hundred thirty pounds. This man had two assistants on his team who he had worked with for a long time. He went through this operation better than anyone I had ever seen do this procedure. He pointed out all the pitfalls. As he started he said that the most crucial part of this procedure was to make sure that the ureters

were not injured, "We'll just dissect them out and put a little tape on them and keep them out of harm's way, so that we can proceed and do the procedure just as radically as needed to try to effect a cure." Then he went on to say, "I'm sure that you have heard many of the arguments about placement of the colostomy. This is a controversial subject. I have solved it for me. I'm going to show you the way I do it. I put the colostomy in the midline below the umbilicus. I do not advocate a lateral colostomy and closing the peritoneal area around it, because I think it causes more adhesions and sets up a lot of adhesions that may get you into trouble. If the peritoneal closure between the abdominal wall and the colostomy should break down, then it leaves a setup for intestinal obstruction, and it also is time consuming. In my procedure I leave both the right and left side free for the small intestine to accommodate itself. For me, this has worked. I feel that my patients are just as happy with this location as any patient with a colostomy can be. End of argument about where to place the colostomy."

He went right along, then irrigated the abdominal cavity with saline, which was rather a routine procedure. He said he did not believe in instilling any antibiotics, that there was no magic in preventing adhesions that he knew, except gentleness of technique in handling the intestines as little as possible. He very quickly closed the abdominal wall in layers, as we had always been taught. He used a chromic cat gut for the peritoneum. One variation was that he used fine steel sutures for the fascia of the abdominal wall, and then he closed the skin loosely with silk. He thought that in the not-too-distant future somebody would invent a sewing machine, and he smiled, and said, "It probably won't be Singer." He said that what it would amount to, eventually, was that there would be

individual staples. And this certainly came to pass.

He applied a dressing and called for his orderlies to change the patient's position. Meanwhile, he came over and visited with me. "Now, you'll find all kinds of arguments about what position you should put the patient in. For me, I put them all face down on the table. I let the anaesthesiologist worry about their keeping an adequate airway and ventilating the patient. I feel that they should assume some responsibility for this. Periodically, we get a new man coming through the service who balks at the face-down position, but I pay no attention. I just tell them that's the way it's done here and to fall in line. It only takes me two minutes or less to remove the segment of colon from below. If an anaesthesiologist can't keep them alive that long, they should look for another specialty." He did this just exactly the way he said he was going to do it. He said, "You will find all kinds of methods to drain the cavity. The one that suits me the best is to put one Penrose drain in to keep it away from the sacrum for obvious reasons." And, of course, the reason, for keeping it away from any bony structure is to try to avoid the possibility of osteomyelitis in the sacral bone. He closed the perineal opening with interrupted silk sutures, and his statement was, "I like to use number one silk, and leave the ends long so that anybody can remove the sutures without having to look for them too hard." Then he put a stitch through the Penrose drains, taping it to the skin. He said, "Now, young man, how long has it taken me?" The elapsed time was fifty-nine minutes.

I think he was a master surgeon. He asked me to come to the dressing room while he changed his clothes, and then we had a nice visit. He was quite praiseworthy of Dr. Churchill. "When you get back to Boston," he said, "tell Dr. Churchill that I have varied my

technique and that I use steel sutures to close the bronchus with. I feel that I get a little bit less foreign body reaction from doing it this way." Then he smiled, "And if he doesn't agree with me, don't bother to write and tell me."

This was a very pleasant interlude. Everyone was very nice. I really had my eyes opened about the fact that there were masterful surgeons in all parts of the country, not merely on the East Coast.

We drove on to the Mayo Clinic, and stayed at the large hotel that they have for visitors at the clinic. After we arrived and had gotten settled, I put in a call for my former classmate, Ed Judd. He was very gracious. He came by and visited with us, said that they were busy with some kind of a banquet that he and his wife, Virginia, had to attend that evening, but that he certainly wanted us to come to dinner at his house the following evening. He said, "I want to meet you at the clinic." We made a designated hour, and he told me where he would pick me up.

This was quite a session. He said that on this particular day Waltman Walters, who was one of the senior surgeons at the clinic who had succeeded Ed Judd's father, was doing gallbladders. Ed said, "I'll take you in and introduce you. You just feel perfectly free to ask any questions that come across your mind. If the questions are sticky, Dr. Walters will sometimes act like he didn't hear you. It's a good idea not to ask a question over again because he doesn't want to answer it."

We got along real well. The clinic had a setup there, where Dr. Walters had two operating rooms. He changed his gown and gloves, and went from one room to the other. Most of the cases that morning were fairly routine. The techniques were quite similar to the ones that we had used at our hospital. I think he had nine or ten cases scheduled for the morning, between eight o'clock and about

12:30. He would remove the gallbladders, leave his instructions, and leave his assistant to cleanse the peritoneum and sew up the abdominal incision; then he would go in and do the same thing in the next room. By that time they would have another patient in the operating room we had just left.

The interesting thing to me was the number of doctors in the stands who had come from the outlying areas, to witness the operations on the patients that they had referred. Dr. Walters was very politic about referring to them and explaining what he was doing, and also complimenting them on their diagnosis of this condition. Although he didn't say so in so many words, he was also implying that they had also used very good judgment in referring the patient to the Mayo Clinic. This put kind of an amusing byline on the procedure of the morning clinic.

They had one case which I thought was unfortunate. This was a case of jaundice that had come in, apparently, the day before. Somebody had come to the conclusion that this case could be added to Dr. Walter's list. This obviously had been a case that had not been thoroughly worked up. The patient was jaundiced, and apparently the snap diagnosis of a common duct obstruction was made, except the reason for it was a gallstone or a common duct stone. Dr. Walter's opened the peritoneum, and very quickly, it became obvious that the trouble was a carcinoma of the lower end of the stomach that had metastasized and was causing the jaundice. He very quickly put a T-tube into the common duct to relieve the jaundice, and appeased the referring physician by saying that they would relieve his jaundice and then would take care of his tumorous problem at a later date. This was kind of a sour note in the way of ending that particular morning, because everything had gone so flawlessly before that. But I guess

this is one of the hazards that one runs into in a large clinic.

The afternoon session was a real good one. Dr. Claude Dixon, who was the gastrointestinal surgeon, was doing colon resections. He was a large, and I'm sure in his earlier days, red-headed individual; he still had a tinge of red to his hair. He was real pleasant in that he talked on a civilian level, so that anyone could understand his explanation of what he was doing. In my estimation, he could not hold a candle to the surgeon from the Cleveland Clinic, who did the combined abdominal perineal so deftly. He also mentioned Dr. McKittrick, Dr. Allen and Dr. Sweet. But he was pleasant and said to be sure and give his very best to Dr. Churchill. He said that he thought highly of all of them and that he felt quite complimented that they would send one of their prospective residents out to the Mayo Clinic. In jest, he said, "I'm not sure what they expect you to learn here, but if anything rubs off, why, be grateful."

We had a nice visit following the closure of his afternoon. He wanted to know if I was being taken care of at the clinic, and I assured him I was. I told him that we had been invited to Dr. Judd's home for dinner. "Well," he said, "if Ed has taken care of you, why, then you're in good hands. Have a good time."

When I left the hospital to go back to the hotel, it had started to snow. Ed Judd called the hotel, "You know, it's snowing so hard that you're never going to be able to read the signs on the street corners. I'm just going to come in and pick you up to save everybody a lot of time and confusion." This really turned out to be a winger of a blizzard. When he drove us home, he said, "Where is your car?"

I told him that it was in the garage.

He said, "Do you have chains?"

I assured him that I did.

"Well, my advice to you," he said, "and I know you have an appointment to come to the clinic in the morning, but, get up and have an early breakfast and head south. This is one of those storms that they have predicted to be a very heavy snowstorm."

He was absolutely right. We packed our bags and took them to the lobby. When I went over to the garage to get the car, there was easily a foot of snow on the ground, and it was still snowing hard. So we put our bags in the car and headed south. The temperature that morning in Rochester was quite low, and it was predicted to get into the minus column for sure. So we headed out. This winter was the winter that a large number of duck hunters, who were out in the marshes, got caught in this blizzard, and several of them lost their lives.

We drove close to eight hundred miles from Rochester in that particular trip. Fortunately, the highway crews had been out and had plowed the roads real well. An amusing incident was that when we landed in this little town in Nebraska, we stayed at a bed-and-breakfast place. Somebody had told us that, because of the snowstorm and the cold weather, most of the hotel rooms had been occupied, and this was a better solution than going into town and getting involved with the busy traffic. We took this advice and found a pleasant place not far from the highway. The interesting thing about it was, when I asked the people at this house what the temperature was, the fellow looked at me, smiled a little, and said, "Well, it's darn cold, don't you think?"

"Well, I knew that," I said, "but what was it?"

"Well," he said, "it's about eighteen below, but in Rochester right now it's twenty-one below!"

We had improved our position a little bit, but not a lot. We got an early start the following morning and drove another seven or eight hundred miles into Salt Lake City, where we stayed at the Hotel Utah. I was ready to stop at that particular juncture, because driving a little over fifteen hundred miles in two days was more driving than I had been exposed to for a while, and I really was getting a little bit weary of driving. An interesting sidelight was that night as we were coming into Salt Lake—I imagine we were coming over the Uinta Mountains—we saw, going down the highway ahead of us, a couple of deer. I thought, “Gee, this is really something to watch for, because they are probably heading for this plowed out road to get somewhere they could get access to the south side of the mountains.” About that time one of the biggest deer that I have ever seen in all my life jumped onto the highway and trotted down ahead of us for maybe fifty or a hundred yards. That was a sight to behold! I think if one could have harvested him, he would have had no trouble at all getting into the Boone and Crockett schedules.

We stayed overnight in Salt Lake, got up leisurely the next morning, and had an easy day driving home. Being only a little over five hundred miles, this was quite a respite compared to the couple of eight hundred ones that we had done in cold weather a couple of days before. We got into Reno the next day and were graciously received by all our families. We had a nice visit at home with family and friends, and then took off for the East. My grandmother and aunt were great people for seeing that we were well provisioned. They had a suit box full of food for us to take, including sandwiches, fruits and you name it, which really was helpful along the way, because we would just eat a sandwich while

we were driving, and this cut down on your hour, hour-and-a-half stay in a restaurant, waiting for people to get lunch ready for you. We had an uneventful trip and arrived back at our apartment in Boston on time.

I had a day to spare, so I went down and had a conference with Dr. Churchill for an hour or so the day before I was to take over as a resident. He was pleased with my reports about the various clinics that I had attended. I remember one of his remarks, about the master surgeon that I had described at the Cleveland Clinic, who told me to tell Dr. Churchill that he sewed up the bronchus with steel wire and that he felt, that in his hands, this was a better suture material than silk. Dr. Churchill merely looked at me, raised an eyebrow and said, “I wonder how his patients like coughing up the steel sutures? Mine complain enough about spitting up the silk ones.” That closed the conversation on that subject.

RESIDENT, MASSACHUSETTS GENERAL HOSPITAL

I remember vividly the assignment that Dr. Churchill gave me as his foremost request. He said that the previous resident, a classmate of mine named Spike Sarris, had done an excellent job as far as running the service was concerned. “Except,” Dr. Churchill said, “He has completely alienated all the medical students. We are not getting our share of the good students from the medical schools. I want you to make this your priority: to reestablish the rapport with the medical students. See if you can stimulate their interest by touting the good points of the service, and see that a good PR situation is established.”

I assured him that I felt that I could do this. I had always been interested in answering

questions, and if I didn't know the answer, I merely made a note of it and promised to look it up. I had always fulfilled my promise to go back and give an adequate answer to any of the students or younger interns who had put the question to me. I said that he could rest at ease, that I would take care of that. The only other instruction that he gave me was that he wanted me to make out a little three-by-five card and turn it into his office after rounds in the morning, and let him know of any problems that might be arising on the service. So with that he said, "Good-bye and happy start on your residency."

The following morning, January 1, 1941, work went on as usual. Instead of a day of hilarity and celebration of New Year's Day, it might just as well have been any other day of the year.

I was really lucky in the appointments of the senior members as visiting men. The senior surgeon on that first day that I made rounds was a really well-versed and well-rounded surgeon named George Adams Leland. When I met him at the front door of the Phillip's House he said he had been off the service during the previous six months, due to some sort of minor health ailment. "And now I'm ready to start where I left off." He was interesting from the fact that he reminded you, on first sight, a little bit of the comedian named Ben Turpin. He had a way of wiggling his mustache, and his glances reminded one of Ben Turpin. He made some snide remark about the fact that residents were cagey people. He said, "I know, because I was one myself, years ago, so don't try to pull any tricks on me." With that, he reached into my jacket pocket and extracted my note cards. I was a little bit puzzled, but he merely said, "Well, I just want to make sure that you don't have requests for medical consultations that you're hiding from me."

I then asked him what kind of cases he was interested in.

He stopped, and started mentioning about any type operation from head to toe. Then he turned to me, "Well," he said, "to sum it up briefly, I am interested in the skin and its contents. Just don't hide anything from me."

I assured him that I wouldn't. We went first to the male surgical ward. His first deviation was to excuse himself for a minute, and he went over and opened the door to a couple of bathrooms. Then a little bit further down the hall he opened up the door to a storeroom and looked in and made the remark, "Well, buckets and mops and brooms and dust cloths, nothing unusual," and closed the door. I was a little bit amused, but I didn't say anything. He turned around to me, "Residents often hide prized patients in places where they don't think the staff members will investigate. I know, because," he said, "I used to do it myself."

We went on and made a good, thorough round. He was quite interested in all the patients. He made a few remarks about being glad that the patients were doing so well. He said, "This is a reflection on the good treatment that the staff exemplifies. We will try to continue in this tradition."

On these rounds, would you always have an entourage of residents, attending men and students?

This particular day, just he and I made the rounds. He was the senior surgeon, and he wanted to have a private tour of the facilities. He would remark periodically that he was glad to see that he was going to have a place of honor in the new surgical building, which had been completed the year before. He had never visited in it, said he wasn't familiar with all the details, and he wanted to see all

the means of access. Besides the elevators, he wanted to know where the various back stairways and all were located. He was comical, because he took an added bit of time to go over and inspect each one. At each turn he would say, "Just looking. Just making sure that there are no bodies stashed in the out-of-the-way places." He was quite pleased with his tour of the wards, and made a snide remark that they had done a good job on the building, and that if anyone should ask, that I was to say that he approved. "Young man," he said, "escort me to the surgical suite, and to the doctors' dressing room. Being the senior surgeon for this area, I want to familiarize myself with the most direct way to get there. I am especially interested in the easy chairs and what kind of snacks are provided." So we went to the surgeons' dressing room and locker room, and he made a thorough inspection of the lockers and the shower room. At each one he had a comment. I remember when he looked in the shower room, he said, "Well, I'm glad to see that they have some clean, unused towels. It's always disconcerting, to finish a procedure and find out that you're expected to dry on a secondhand towel." I don't know whether this ever happened, but he was, I'm sure, trying to be jovial.

I thought one of the most amusing things that he did was to go in and read the names on all the lockers. He found Dr. Henry Beecher's name on a locker with his professional card put in the slot, which Dr. Leland forthwith removed. "Dr. Beecher is far my junior. I especially like the location of this locker. Just inform Dr. Beecher that he'll have to hang his clothes somewhere else." He was really a comedian.

When we finally got all those minor details taken care of, he said, "Now, I would like to see the surgical list that we will be dealing with on the next day." I produced the tentative list, and I asked him which cases he

would like to sign up for. He again twitched his mustache, gave me the comical glare that he produced with his eyes and said, "Just put my name after each one of these cases. I want a copy. I'll decide when I come in the morning whether I'll do the whole list or whether I may pass down some ingrown toenails or things like that. Having been away for a period of six months, you will find that I am hungry to get my hands back into the surgical swirl," as he put it. So anyhow, he went away happy.

The staff was always comprised of a senior surgeon, then one of medium status, and a third one who was classed as the junior surgeon, who would be called out for any of the emergency ward consultations or most of the run-of-the-mill cases that were admitted on an urgent basis. The middle man on that particular term was a fellow named Richard Wallace, who was Dr. Allen's assistant. This was his first term of duty on the West Service, which was Dr. Churchill's service. He had always visited on the East Service where Dr. Allen was chief. He informed me that he hoped that Dr. Churchill was not completely sold on using an all-silk technique, because he didn't believe in it. I told him that I would have to pass on that query. If he had any deviations from the general rules that I was sure he could discuss them with the professor when we either had a service meeting or at any other time that he wanted to.

But I assured him that I didn't think there would be any real problems with any of the techniques.

He said, "On the East Service, we have been using cotton sutures rather than silk sutures."

I merely suggested to him that if he wanted to do that, he could make arrangements to use some black cotton rather than the white cotton that they used on the east service, and that I wouldn't say anything about it.

He merely smiled, "Well, we'll carry on with silk for the time being."

The time went by rather quickly. It got to be a situation of getting the service organized and running in a hurry. I was a little bit concerned about whether everything was going to fit and fit in place, but everything went right along without a hitch. I was most pleased to be greeted by several of the third- and fourth-year students who had elected to have their surgical courses there. I felt that they were a fine group of students; if we hadn't gotten *all* the cream of the crop, we had gotten a good share of them. They were pleased to be taken around and encouraged to scrub on any of the cases that they chose, whether they had worked them up or not, and told to make themselves at home, and if anything came up, to not be bashful about asking questions or making suggestions. They would come, some for one month; some of them would take two months, and it worked out quite well.

I felt that Dr. Churchill's request to establish a good rapport with the medical students had gotten off to a real good start; and I'm happy to say that it continued. When I went to his office to leave the little report card that he had requested each morning, when he was present he would ask this question in the way of making a statement, "Well, so far I haven't heard any reports or complaints from the medical students, so I guess we're doing well so far."

I assured him that we had gotten off to a good start, and that I was sure that we could continue this. I had a real good group of interns. One of the real top-notchers that I had was Francis Moore, who later became the Moseley Professor of Surgery after Dr. Cutler had relinquished, or actually, resigned the appointment. After his service in the war, Dr. Cutler turned up with a prostatic malignancy, which wasn't doing well, so he tendered

his resignation, wanting to get out before something drastic had happened. Moore was a very capable intern, very dependable, and was one of those that you knew right off the bat was going to go places.

Another intern that I had was a Chinese boy named Lester Yee; he has been a very successful practitioner in Hawaii. He pursued the status of general surgeon. On one of our trips to Hawaii, I called him on the telephone. He was still working, said that he had enjoyed his training at the General, and that he still did general surgery and thoracic surgery, and seemed to be accomplishing it quite well.

One of the other interns was a fellow named Charlie Mixter, who was a son of a prominent surgeon named Charles Mixter, who was chief of the surgical service at Beth Israel Hospital. His uncle, Jason Mixter, was a neurosurgeon, and head of the neurological service at the General and chairman of the Department of Neurosurgery at the medical school. Interesting was the fact that one of the partners in their office was Dr. Reginald Smithwick, who was to come on as one of the visiting men later in the progression.

Another intern that was on the service was Dr. Henry Garrigue, who later went to establish his practice in Seattle, and did a large amount of vascular surgery.

And all in all, we got along real well with our staff of interns. I remember the assistant resident was split during this tenure between us and John McKittrick, whose brother, Leland McKittrick, was one of the senior surgeons. The other portion of the term was filled by Charlie Burbank, who must have spent a lot of time with Dr. Leland, because he had his sense of humor. He was a comedian at heart; but a very thorough individual. I remember one morning that when we were making rounds, we went to the emergency ward and Charlie greeted us by saying, "Well,

we have seventeen cases of abdominal pain here in the emergency ward.”

I said, “Charlie, tell us about the ones that you think need to be admitted, and the ones that you want to observe for a little while.”

With a gleam in his eye he would present a patient and say, “This patient has typical signs of appendicitis on physical examination and a typical history, and is a candidate for the operating room.”

I asked him, “What did the white blood cell count show?” He always had an answer well above the fifteen thousand number with a preponderance of polymorphonuclear leukocytes, which were the reactive ones to infection. As I was leaving my quarters to go down to breakfast, I noticed Charlie walking across the parking lot going into the emergency ward and I said, “Charlie, how did you get all these white counts done?”

He looked at me kind of funny, “The ones that had it, I counted one cell and multiplied by a large number. The ones that needed to be observed, I counted one cell and then put them on hold, deciding that I would do it a little bit later.” He provided us that morning, however, with five or six candidates who had operations later in the morning, and they were all diagnosed and proven to have acute appendicitis.

One of the deals on the west service was that Dr. Churchill was always of the opinion that he wanted his residents to take complete charge and establish rapport with the various visiting men, but he wanted the opportunity to make the final decision. He called me to his office one day and told me that he wanted me to do all of the thyroids on the service. “I want you to keep a list of these cases. I want you to do them all under local anaesthesia.”

I was a little bit overwhelmed, because a toxic thyroid at that time was one of the choice operations that all the members of the visiting

staff were quite interested in doing. I wondered how he would surmount that hurdle, but he just merely told me to report them to him and to let the visiting men confront him about this decision, rather than me. This proved to be a great experience for me. At the end of my residency, I had personally operated on better than seventy toxic thyroids, and that was quite a number. I doubt that I did that many toxic thyroids in the entire span of my practice after that. Of course, one of the reasons for it was that they were beginning to use radioactive isotopes for hyperthyroidism, but it was still in the neophyte, experimental stages during my tenure, so we still did subtotal thyroidectomies.

A great many of the younger visiting men and younger members of the staff continually asked questions about Dr. Leland’s abilities and his techniques, and would always recite instances of complications and fatalities that he had in the past. He certainly didn’t encounter any of those during his tenure in 1941. He was a remarkable individual. He was one of the senior visitors at the Pondville Cancer Hospital. He was quite successful in his results with radical mastectomy; he also was quite well versed in the treatment of cancer of the cervix in female individuals with radium and X-ray treatment. He was a great advocate of giving curative doses of radium and then proceeding with surgery. One of the procedures that I felt he needed a little coaching in was the area of perineal repairs and vaginal hysterectomies, which I had learned quite thoroughly at the Free Hospital for Women. He always remarked while he was doing these that some people could do them without loss of blood, but that he couldn’t, and would I please check the blood counts afterwards and give some transfusions if I felt they were necessary. He left it at that.

His other great forte was that he also was head of the fracture service at the general hospital. He said, "There are a lot of people who think I should relinquish this position to some of the orthopedic people. I keep these people on their toes. I treated fractures, when they were making up their minds to be orthopedic surgeons. And when I reach the stage that I feel they are capable of replacing me, I will relinquish my post, but not without an argument."

The highlight of the early part of my residency, in addition to getting the assignment to do the toxic thyroids, was the fact that the second senior surgeon who came on the service was Reginald Smithwick. He was interested in the sympathetic nervous system and was, at that time, doing total sympathectomies for hypertension. People always used to talk about Dr. George Crile from the Crile Clinic in Cleveland as being ambidextrous. Not realizing how handy he was with his hands, they attributed a lot of his deals to his dexterity with the scalpel and with his being able to localize nerves and tendons by touch. I had the same regard for Dr. Smithwick in that respect. He was uncanny at redoing sympathetic operations, both in the arm area and in the extremity area, that had gotten what he felt was an inadequate sympathectomy. He would ask me to get these patients and reschedule them. Almost routinely, he would find that either the sympathetic trunk had been missed entirely, or else that some of the post-ganglionic fibers had not been interrupted. He was great in that respect.

He was a great teacher. You could watch him do an operation, and put it in your mind photographically. I remember that he took me through a lumbar sympathectomy, and I had no difficulty whatsoever. He said, "Now, if you'll just remember this, and stay in these particular planes, you won't get lost in the

maze of structures that surround the area of the sympathetic trunks." He was most kind.

I remember taking him early on to the medical wards where we were to consult on a couple of cases involving duodenal ulcers that the medical people felt were ready for surgery. On his first visit we transferred two cases. He signed up for each of them and asked if I would assist. When I came to the operating room, he smiled, "Well, Doc, why don't you just go ahead and show me how to do it." He assisted me at the first one, and then he said, "Just do them all like that. I'm busy. I've got to go to my office. You go ahead and take over."

And he did this most of the time for me. I was warned by my predecessor, Spike Sarris, that Dr. Smithwick had been the stingiest senior surgeon on the service. I thought, "Boy, I sure can't agree with that. He has already turned over two major cases to me." He allowed me to do all the cases; he would ask me if I wanted to do them.

I remember one day that I hesitated with a cancer that was high up on the stomach, and he said that he wanted to do that one, because he had some new instruments that he wanted to try that, he said, "I think will make this anastomosis between the esophagus and the small bowel much easier." What he had done was to take an old-style hemorrhoid clamp and take it to a machine shop. He got some of the mechanics over there to put the jaws of the clamp part on at right angles to the handle, so that the clamp would accomplish the same thing but the handle would be out of the way so that you could use it.

He had an unusual story in his education in that he had been a graduate of MIT before he went on to medical school. He had numerous tricks up his sleeve, which he was passing on.

The engineering wizard of surgery?

Yes, he had an engineer's background. He was, as far as I was concerned, probably the best technical operator on the staff. I think he could do anything. He could do a flawless thyroid. I had assisted him earlier on some of his private cases. He could do a total gastrectomy.

I remember he came in one Sunday afternoon and accomplished a total gastrectomy under local anaesthesia. We had given him a bad risk patient, because the medical service had continued to transfuse this individual. Of course, Sunday was a bad day for surgical emergencies, because of the oftentimes poor access to the visiting men. I remember, when I called him about this particular case, that I could hear his wife complaining in the background about being sorry she had called him in from the boat dock; if I had called a few seconds later, he would be out on the bay and inaccessible. He listened to my story and in his usual accommodating way said, "Doc, get him to the operating room, and I'll be there. Have some blood on hand," which we did. It took him about three and a half hours to do this procedure, but the patient did not complain. He didn't have to augment his anaesthesia with any of the inhalation gases; he merely asked the anaesthesiologist to keep an adequate oxygen supply. He did a textbook dissection and accomplished his anastomosis. He utilized his right-angle clamp to perfection. We got this patient over a precarious situation. Although his ulcer turned out to be a malignant disease, so a long-term cure was out of the question, at least it got him over this emergency.

The thyroid situation went well. I think in my series I had no injured recurrent laryngeal nerves. I did have to resort to one tracheotomy. This was a case wherein Dr. Cope had come on the service and he just absolutely rebelled at my doing any of these

cases under local anaesthesia. He insisted that she be done under endotracheal anaesthesia. Dr. Churchill was away from the hospital, I think he was on a couple of weeks' vacation, and had asked Dr. Cope to carry on and be the surgeon in charge. This particular patient was a difficult one to anaesthetize, and she had had trauma to her vocal cords. I remember that Dr. Cope came down and went over her chart thoroughly to make sure that she had been well prepared and that nothing had gone wrong during the operation. I assured him that she did not have a nerve injury. He called one of the ear, nose and throat people. I remember I talked to him on the telephone, and he said he would come and see her. Why didn't I take her to the operating room because, he said, "My theory about doing tracheotomies is to do it when you think it's indicated and not ask somebody else whether they think so." He came over and said, "Go ahead." Then, of course, the next day or two, he came back and examined the vocal cords and said the endotracheal tube had been used rather vigorously, and that was the cause of this.

I had one fatality. A case that was well prepared, had no incident of rapid pulse or any sign of any complication, but during the first post-operative night she developed a tachycardia. We had all the top cardiologists. I remember Dr. Paul White and his assistant, Dr. Ed Bland, came down. They both reassured me that this was a medical complication, not a surgical one. My feeling about it was that this patient would not stand a tachycardia in the range of 180 to 190 indefinitely, and I begged them to give her some digitalis to see if it might not slow the rate down. They both chose not to do it, and the patient, in spite of their medical treatment, expired. I can remember, vividly, Dr. White walking me down the hall and saying that he knew that I

felt very badly about this, but, "This was not your fault," he said. "Just realize that some situations come along about which you have no control." From all the cardiology tests that they had done, he said, "this patient should not have died." But this was poor consolation.

Anyhow, the year went on. In addition to Dr. Smithwick, Dr. McKittrick came on as a visiting man. This was unusual, because he had always been an east service person, actually was the assistant surgeon in charge of the east service. He mainly was a gallbladder and intestinal surgeon; he did not do any thyroids on the service. Occasionally he did an amputation for diabetic patients who developed complications, but he merely chose to do that for teaching purposes.

One of the situations that came up one day along toward the end of my residency, was that I got in the unenviable position of putting on a residents' clinic. I started at 7:30 with a toxic thyroid operation, subtotal thyroidectomy. Following this I did a cholecystectomy with common duct exploration, and then a gastric resection. In the afternoon I did a combined abdominal perineal resection for cancer of the rectum, and then finished the list with a total hysterectomy for fibroids.

I remember that I was greeted the next morning by Dr. Allen, who asked me what I was trying to prove. He was a little bit annoyed about the fact that the resident on his service was not given that amount of leeway. I guess he was, in an offhand way, reprimanding me. He said that if I kept this up, I was going to burn myself out. But fortunately, all went well.

One of Dr. Churchill's teaching fortes was that he insisted that once a week the resident have an outpatient clinic, where he went out and saw personally all the cases that he had done along the way. I remember especially this combined abdominal perineal that I had

done on this memorable day of my residents' clinic. He was dismissed on the eighth day with his sutures still in and told to come to the clinic, where I was going to see him and tell him when he could go back to work. When he came in he told me that he was feeling fine, that his colostomy was satisfactory, but he wished I would take his stitches out because a couple of them were causing a little irritation. "And besides," he said, "I have to get back to delivering my ice." I almost fell out of the chair. Here was a fellow who, barely two weeks following a major operation, was carrying fifty-pound blocks of ice up to the top floors of tenement houses. He said he had a large family, and when he didn't work, they didn't eat.

The year got busier as the things progressed during the summer. Dr. Churchill came to me one day and said, "Did you know that the American College of Surgeons was meeting in Boston this year and that we are to put on the surgical program for the college? I want you to get in touch with Dr. Allen, Dr. McKittrick, Dr. Sweet, Dr. Meigs, Dr. Bartlett and Dr. Langdon Parsons and start setting up some conferences and see what kind of an interesting surgical demonstration we can put on for the college."

Dr. Churchill was quite active in the American Surgical Society and was a staunch believer in the American Board of Surgery, but for some reason unknown to most of us, he was never real enthusiastic about the American College of Surgeons, although he belonged to it. So I asked him if he wanted to participate, and would he do a pneumonectomy or possibly a pneumonectomy if we could find a suitable case. His answer was a kind of wry smile, "Well," he said, "talk with the people that I told you to contact. I think that any thoracic cases will probably be handled by Dr. Richard Sweet."

This was kind of interesting and all, but there wasn't really time to dampen anyone's enthusiasm. I knew that this was an important program, and I was real enthusiastic about being given most of the responsibility for rounding up the cases and putting this program on. Everyone was quite receptive and I was extremely lucky in the fact that Dr. Sweet, who I think taught me more during my lining-up of the residency than I learned from anyone else, became the senior surgeon for the final three months of the year. Someone asked him if he would cover for them for a month, so actually he was the senior consultant during the final four months, which was a great help. The program was set up for two days, morning and early afternoon cases.

When I talked to Dr. Meigs, he said that he wanted to do a total hysterectomy for the college, and that he had some interesting new thoughts about technique and about a way to do a little bit wider excision of the vaginal cuff when he did his total hysterectomy. He also wanted Langdon Parsons to do some gynecological operations. They were both pleased.

Then Langdon Parsons said, "Well, get Marsh Bartlett," who was a contemporary of his, and had been promoted to a senior visitor, "get his input, and see whether he would like to do some sort of gastric operation or some sort of gynecological operation."

When I talked to Dr. Marshall Bartlett, why, he was really open-minded, and said he would be glad to do anything that anybody else didn't want to do. He said, "Let's just plan a good round of surgical cases. I hope we can find some good gallbladder cases to do that will demonstrate our technique for draining the common duct and the use of Baker's dilator, and also our idea about using small catheters to irrigate the common duct." I had done these operations so many times that I

didn't think they were unique, but I guess they had gained their popularity in the hospital.

After a rather long discussion with Dr. Bartlett, he said, "Well, what are *you* going to do?"

"Oh," I said, "I'm going to spend my time looking up and down in the admitting office, seeing if we can't round up some good cases."

"Oh, I know that, but," he said, "why don't you do a vaginal hysterectomy for the college?"

I looked at him, "Gee, Marsh, thanks a lot, but," I said, "I'm sure that will be vetoed by some of the senior members of the staff. They want to see some of you people, who know how to do these procedures, demonstrate them rather than one of the house staff."

"No, Ed," he said, "I'm going to talk to Dr. Meigs, and I'm going to see that the morning we do the gynecological cases, you get to do a vaginal hysterectomy."

Well, this was quite a compliment, coming from Marsh, but I didn't really pay too much attention, because in my own mind I didn't think it was going to happen.

Anyhow, the thing got pretty well rounded out, and despite the oncoming big meeting that Boston was going to host, things went on about as usual on the service. I got to operate with Dr. Sweet on several occasions. He taught me to do what we finally dubbed the "Sweet-Sarris-Cantlon inverted crescent-shaped incision" for doing upper abdominal surgery. We thought this was a great deal, and so did he.

"This gives you good exposure over in the left upper quadrant where you're going to do your anastomosis, and also in the right upper quadrant where you are dissecting the duodenum and separating it from the head of the pancreas, which is sometimes a little bit sticky. It's just a good incision," he said. "I want to have it used on the service. Then we'll get together and write a paper about it."

This was real interesting. However, during the early part of the year a surgeon from Dallas had come to the hospital to visit Dr. Allen, and he was touting the fact that in the Dallas teaching hospitals they had recommended the use of cotton as a suture material. While he was there, he came in and watched Dr. Sweet do a gastric resection, and, of course, he was still prone to using silk, and so he did it this way. But he was intrigued with the incision that we were using. He quizzed Dr. Sweet at length about it; wanted to know whether he had any difficulties with hernias at the outer angles, or whether he had any trouble with the wounds healing properly. To date we had had quite a number of cases, and we had had no problems with it, any more than with any of the other incisions, either the midline or the paramedian incisions, or the oblique incisions that were often used for gallbladder. He said he was quite interested in this, and he had thought about it. We didn't pay much attention to it. One day Dr. Sweet came into the hospital, "Well," he said, "our ideas about writing a paper on the Sweet-Sarris-Cantlon incision have gone up in smoke."

I said, "What do you mean?"

He said, "Well, Dr. Singleton has already written a paper and stole our thunder. From reading the thing, you'd think he had thought of it," which was really amusing.

I made some comments to the effect that it was a dirty trick.

His answer was, "That's typical of Texans." He said, "You probably will learn after awhile they manufacture the cotton sutures that they're using, specially. You can buy them down at the sewing shop. All you have to do is ask for J. P. Coates."

The day of the demonstration clinics finally arrived. Dr. Meigs was going to do a total hysterectomy in one of the theaters. Marsh Bartlett was going to do a gallbladder

and common duct. Langdon Parsons was going to do a cystocele, rectocele and perineal repair. And much to my surprise, Dr. Meigs said, "We're going to put you in this other operating room. You're going to do a vaginal hysterectomy. You're going to be over here in the corner. Don't feel badly if you don't have a big audience. Just do your best."

This was real interesting because I was a little bit nervous. We had combed the female wards and the outpatient department for a couple of weeks before we found what we thought was a suitable candidate. This was a lady who had all the indications for doing the operation, except that she had a somewhat larger uterus than one would often like for demonstration. I'm sure that Dr. Meigs probably would have exed her as a candidate for vaginal hysterectomy and recommended that she have an abdominal hysterectomy.

But anyhow, we went ahead. I had as my assistant Dr. Charlie Burbank, who had graduated to assistant resident. We went in, and when I walked into the operating room and looked up into that gallery, I almost fell through the floor! The whole thing was loaded with people; they were stacked up there three or four rows deep. One of the people pressed the intercom and asked if I would give a short summary of what this operation was being done for and what were the indications that this lady needed a hysterectomy. We had that all pretty well documented on a little sheet that had been printed in the program, but I got Dr. Burbank to give a little summary.

Then I felt I had to make an introductory remark, so I backed away from the sitting position at the end of the table and said, "Now, I know that there's a big audience here, and you've all come to see a real bloody vaginal operation. I hate to disappoint you, but we're going to show you a technique this morning that is going to surprise you at the

small amount of blood loss that we have in this operation.”

This guy pressed the button again, and said, with a little chuckle, “That’s fine. We’ll wait and see, and good luck.”

As I walked over I held a 2-cc syringe in my hand, and I said, “I have the answer to the blood loss situation right here in my hand. This was something that I picked up in a little textbook, *The Textbook of Gynecology*, written by a Dr. Greenberg. I think he was from the Chicago area. I’m sure that probably everybody in the audience is familiar with this book. You’ve probably read this recommendation that Dr. Greenberg made, but you probably didn’t think very much of it, so you never thought of using it.” And I said, “I did. What we’re going to do is inject half a cc of surgical Pituitrin along the lateral sides of the cervix, and then wait a couple of minutes. We’ll put a little traction on the cervix so that you can see the color of the vaginal mucosa, we’ll make this injection, wait a couple of minutes, and then put a little traction on it again so that you can see the blanching of the mucosa. Once you do that, why,” I said, “this really facilitates getting into a right vaginal plane, and, you’re off to a flying start.”

So we did. It worked like a charm. The fact that the uterus was a little bit large didn’t bother us at all; we took care of that, completed the operation, and got a real loud clapping of hands and hurrahs at the end of the procedure. This was interesting, and embarrassing, because Dr. Meigs then walked through the communicating doors, looked up into the gallery and said, “No wonder nobody was watching me. They’re all down here watching you.” He was a little bit annoyed.

Somebody in the audience pressed the intercom, “Dr. Meigs,” he said, “We’re familiar with your technique, but we’ve learned a new one this morning that we won’t forget for a

long time, and could we have permission to come down on the operating floor, so that we can discuss this a little bit more with Dr. Cantlon?”

Meigs turned around and looked at me and said, “Well, now you’re going to have to answer a lot of questions.”

I said, “Fine.” I thought I could. It all went well and it was a banner day.

The next day I was asked to assist Dr. Allen, who was going to do a colon resection for an obstructing tumor of the sigmoid. This was before the days of antibiotics and of sterilizing the bowel before operation. What we used to do was to use a magnesium sulfate laxative, and then on the morning of the operation, we would give thirty units of deodorized tincture of opium about three hours before the surgery was scheduled. This would pretty much slow the activity of the bowel and do away with the peristalsis, so that leakage would be at a minimum. Dr. Allen had devised and pretty much perfected a technique of what he referred to as an aseptic anastomosis. He said, “If you will look up such-and-such a reference, it’s called the Parker-Carr anastomosis.” He had some special, very thin clamps made, so that there would be only a small bit of crushed tissue to suture around. He would first close the bowel, and then approximate the two closed ends of the bowel, and when his anastomosis was completed, then he would pull out the little closing suture that he had placed over his clamp.

This Parker-Carr anastomosis that Dr. Allen had done, was a real interesting technique and a little bit tricky in that you had to be careful not to put your sutures too deep, or pick up too much of a portion of the intestine. It was all inverted, and you wanted to leave as little of a so-called diaphragm on the inside of the bowel as possible. He was a

past master at this, and it had gone off like a charm and without a hitch. He got a real big hand for this demonstration. Then he turned around to me and said, "Well, I'm all through with this now. You won't mind closing up the abdomen for me, will you? Just because I'm sure that Dr. Singleton is in audience, would you use cotton and give a little lecture about the fact that I have been converted to the use of cotton after my association with Dr. Singleton?" So we did this, and he was quite pleased about the whole thing.

Down in another room on that particular day, Dr. Sweet and Dr. John McKittrick, who was a past assistant resident and who was then working on the other service, were doing a recurrent tumor at the esophageal gastric junction. Dr. Sweet had operated on this patient about a year and a half before, and he had come back, complaining of some difficulty with swallowing. "Dr. Sweet," I said, "you don't want to do this case for the college, do you? It's going to be full of adhesions, and it's going to be a real mess."

He again answered by saying, "Humph, the guy needs to be done, and they might as well see a difficult operation as an easy one. Schedule it." And apparently, he did a wide resection of the recurrence and took off a larger section of the fundus of the stomach and immobilized it so that he got a very adequate anastomosis. He did a masterful job. He was an excellent surgeon and an excellent technician. One of his fortes was that he was a very rapid operator. He had his mind all made up about what he was going to do, and if something was in his way, he clamped it and cut it and got it out of the way, and proceeded with his operation with very little hesitation at any time. He was a very popular surgeon. Everybody made comments following the procedure that they were glad to see we weren't trying to hide any bad results, and we

were perfectly willing to demonstrate these before a big audience.

The meeting concluded, and things got back to normal. When I went in the following Monday to Dr. Churchill's office, why, he greeted me with a rather wide smile, "Well," he said, "I understand that everything went off first-class, and that you put on a demonstration for the college."

I said that I had done a vaginal hysterectomy.

He looked at me kind of funny, and said, "Where in the world did you learn to do that? I never knew that it was a common operation in this hospital."

I told him I had learned it at the Free Hospital for Women and there were several people on the GYN staff who liked to do them, but their indications for this operation were not quite as liberal as they were at the Free Hospital, and that's why it wasn't a more commonly used procedure here. And, of course, the other reason for it was that Dr. Meigs was having so much success with his techniques in the total abdominal hysterectomy that this overshadowed the other.

I think the real thrill from this whole procedure, as far as I was concerned, was probably a month or so after the college meeting, when I got a letter from Dr. Urban Mays, who was mainly interested in vascular surgery. He was president of the American College of Surgeons that year, and he wrote me a letter thanking me for the very excellent surgical program that had been put on in the hospital. He also added a little paragraph where he said that he especially wanted to thank me for having participated in the program. I kept this letter in my files for many years; since then I have lost it. But it was one that I cherished.

WORLD WAR II SERVICE

START OF WORLD WAR II

The culmination of the year meant a couple of things. Of course, the clouds were on the horizon. At the end of 1941 the war in Europe was going badly for the Allies, and one knew that the days of the United States not being involved were numbered. Dr. Churchill got a call from the Army Department to attend the surgeons' meeting in Washington, D.C. Shortly thereafter, the news was put out that he had been appointed as a consultant to the Surgeon General's office. This put people to thinking in many directions. Of course, we also were alerted, and had reorganized the Sixth General Hospital, which would be staffed with doctors and nurses from the general staff for overseas duty in the event it was needed.

I remember being called to Dr. Churchill's office one afternoon at a time when I knew that Dr. Churchill was not there. He had a secretary of long standing; her name was Miss Meehan. She wanted to know if she could fix some tea for me, started a roundabout

conversation, and then finally said, "I have a very important question that Dr. Churchill asked me to ask you."

I said, "Fine. I'm ready. What is it?"

She said, "Well, he confided in me that he was going to be called to active duty, and he would have to spend a good share of time in Washington, D.C., away from the hospital. He is offering you the position of being his assistant."

I could hardly believe my ears, but I had a ready answer. I said that I had been thinking about this situation, but not along this present line. "I am overwhelmed to think that he would offer me the position as his assistant. But, Ruth," I said, "I have to decline."

She about dropped her false teeth. "My God! Do you know what you're saying?"

"Yes, Ruth, I do." I said, "I have thought this out a little bit. I never thought that I would get this opportunity, but if Dr. Churchill is away, then Dr. Richard Sweet would take over the thoracic part of his practice. I get along very well with Dr. Sweet, but without protection from the higher-ups, the farmer

boy from Reno, Nevada, in the hierarchy of the Massachusetts General, would soon be fed to the wolves. I appreciate the offer, but,” I said, “I have to get Tick back home in case of an emergency. I know that I would like to get this accomplished before the unit is called, and they keep saying that this unit will be called to active duty early in the event of any hostilities. So my answer is no.”

“Well,” Ruth said, “you’re going to have to tell him.”

“Well,” I said, “he didn’t ask me. He asked you, so you’ll have to tell him.”

“No,” she said, “I want you to come in, in the morning. I’ll page you when he comes in, because he’s going to be leaving for Washington for a longer stay than usual. He’ll have to know your answer.”

I laid awake for a long time that night trying to figure out something diplomatic to say. When I finally got it all thought out, I realized that this was the only logical position to take. This was a great opportunity I was turning down and it would probably change my lifestyle. I had, over the years, felt that I would not fit in, in the environs of Boston itself. I had pretty much made up my mind, that my first priority in case of an emergency was to finish this residency and then get Tick and take our few belongings back home; then make arrangements from there on.

The next morning I went up, and he was very kind. He said that he had already been tipped off about my answer. He thought that probably there was some truth in the fact that I probably would not have the protection in such an appointment that I would if he were on hand. So he thanked me and said, “Well, let’s get back to work.”

The rest of the year went along rather quickly. We were always bothered by the progress of the war and the devastation that England was suffering with the German

bombing. I remember one Sunday afternoon, things were kind of quiet around the hospital, and we were all gathered out on the back lawn, between the interns’ quarters and the Bullfinch building, when all of the sudden the telephone rang. We had put a long extension on it, so that we could set it in one of the window sills. I went over and answered it. It was the hospital telephone operator, Jenny, who was a quite popular one. “Oh, Dr. Cantlon,” she said, “the Japanese have just bombed Pearl Harbor. You better all get back in the hospital, and if you have any radios, start turning them on and listening, because this is terrible. It practically has disrupted the service at the hospital switchboard. The operators are more interested in discussing what’s going to happen than in putting through the calls.”

This was a real shocker. Of course, the thought went through my mind that I only had three more weeks to go to finish my residency, and I was sure thankful for that. We, of course, had an increase in the meetings for organization of the Sixth General Hospital, and Dr. Churchill was making more frequent trips to Washington, D.C. It wasn’t long after the bombing that he came and told me that he had been commissioned in the army as a consulting surgeon, and that he probably would be seeing less of the house staff and the hospital service meetings. “Dr. Sweet is going to take those all over for me. I’m going to be spending more and more time in Washington to see if we can get some of these hospitals ready to activate. I’m sure that this unit will be mobilized shortly after the first of the year. Other than that,” he said, “I’m sure that things will go on as usual around here.”

And they did. And all his predictions were true. I felt that I had made a good assessment earlier in the year when I had suggested to Miss Meehan that it wouldn’t be long before

Dr. Churchill was commissioned and would be away from the hospital, and that probably Dr. Sweet would take over the thoracic service. This gave me time to complete the year and to be present at the residents' change party.

HOME TO RENO AND WAITING FOR ORDERS

Then we loaded up all our belongings, and we left Boston on January 3, having shipped what little furniture we wanted to take with us. We drove on back across the country, this time not in seven-or-eight-hundred-mile hops, but in a more leisurely manner. I think one of the things that both Tick and I remembered was that, when we were in Iowa and we were crossing the Mississippi River, we suddenly noticed that our Irish terrier, Binx, who was a very well-behaved dog and a good traveler, suddenly left his perch on the back seat and came up and joined us in front where the heat was. We spent the night in a hotel on the western side of the river, and we were talking about this. The man at the hotel said, "Well, the temperature has dropped to twenty-two degrees below zero. That's probably why your dog got up where the heater was turned on."

What town did you stay in? Do you remember?

I remember Davenport and Dubuque and some of those towns, probably in that area.

Yes. You got across the country in the middle of winter! You loved to travel in the winter!

It seemed like most of our trips across the country were in the wintertime. When we were driving through the Wasatch Mountains on the outside of Salt Lake, I told Tick that I thought I saw deer tracks on the edge of the road, and she said, "You keep your eyes on

the middle of the road, and I'll look for the deer tracks. I can't see any." And suddenly way down the road ahead of me, a herd of deer crossed the road. There were a couple of sizable deer in the herd, and I guess they were probably moving out of the high country and heading down toward the lower elevations.

We got into Salt Lake about eight-thirty in the evening and stayed at the Hotel Utah. I asked the desk clerk, "Could we take the dog up to the room with us?"

This guy got a real funny look on his face, he came around and said, "Is your dog well trained?"

I said, "Oh, yes, he's a nice, well-behaved dog, and he's thoroughly house-broken." And he took that with a grain of salt. I had Binx on a leash, and I just called to him and said, "Sit!" I said, "Shake hands with the gentleman." He sat down and raised up his right paw and looked at the guy. I said, "He wants to shake hands with you." The guy got down on one knee and shook hands with him and petted him a little bit.

The lobby of the Hotel Utah had a lot of mirrors in it. I noticed that Binx was seeing himself in the mirror. He was one of those dogs that liked people, but he sure didn't like other dogs. I found that this was a trait of the Irish terrier. I took him over to the mirror and let him look at himself in the mirror, and then I said, "Binx, sit and shake."

He sat down and looked at himself in mirror, and he raised his paw up to shake; so did the dog in the mirror. He sat there, and he wiggled his tail, then turned around and cleared his nasal passages with a little sniff, and as if to say, "Enough of this foolishness! Let's get on with the . . ."

The desk clerk had observed all this. He came by and said, "You can take him to the room with you." So I took him out and gave him a good walk around the streets for a

while, and then brought him up to the room. He behaved himself. We felt quite good about the fact that we hadn't caused any undue damage or had any accidents in the room, which I think was a great relief to all of us, and probably more so to the hotel staff.

We came on home the following day. Of course, the question when we got home was how long were we going to stay? I said, "Well, Tick is going to be here. We have to find a place for her to stay while I'm gone."

We stayed at my parents for a couple of nights. My dad kept asking me had I gotten any news about the activation of the hospital? I just said that I had not and that I had left my address. We would just have to put that on hold until they made up their minds when the thing was going to be activated.

As a matter of fact, after we'd been home a couple of weeks and found an apartment, Vernon then asked me if I didn't want to assist at some operations. He had cleared this with Dr. West. "Also," he said, "why don't you fill out some applications for membership in the county society?"

Of course, I had already gotten my Nevada license by reciprocity for having passed the National Board Examination, so "Fine," I said, "I'll get at that."

We carried on as usual. I used to go down and see patients for both Vernon and Dr. West, and take histories on them, which I think speeded up the office routine a little bit more than it normally would. We got along fine. I was often sent out on house calls, and took a lot of their emergency ward calls, which was good.

I remember one day Dr. West cornered me, "Now," he said, "I want you to keep track of all these visits and calls and procedures that you do, because we want to remunerate you for them."

"Oh, well, I will if you want me to, but," I said, "I mainly was doing it to keep busy and to kill time."

"Well, you have to eat, and you're using gasoline and putting wear on your tires. Let us help you out with that," which was a good setup for all of us. I was helping them, and they were showing their appreciation.

START OF MILITARY DUTY

I didn't get any notice from the activation of the hospital until about May 20. The first that I heard of it was when I got a telegram with a terse message from the colonel saying that they were in Camp Blanding, Florida, and where in the hell was I? I was kind of surprised about the wire, but that was the first I'd heard of it. I had also acquainted myself enough with army regulations that I knew I would be sent traveling orders and a notification that the unit had been activated. So I just put it on hold.

My orders had been mis-sent to Spokane, Washington, instead of to Sparks, Nevada. I didn't get them for three or four days after this wire. When I got them, why, my dad got more concerned about it than I did. "You're going to be in trouble," he said, "I think they refer to it as absent without leave."

"Well, I can't be AWOL," I said, "because nobody has sent me any notification. I can't travel until I get some orders telling me to go, because, if I arrived there without any orders, why, then I'll be in a pickle." So I waited, and the orders came along. I knew I was going to go to Camp Blanding, Florida, because that's where this telegram came from.

My dad said, "Well, how are you going to get down there?"

I said, "Well, this says that I can travel by ground, sea or air."

"Well," he said, "you can eliminate the sea right away. Why don't you go up and talk to our old friend, Chris Wogen, who is the ticket clerk up at the Reno office, and ask him what the route is to Camp Blanding, Florida."

Dad said, "Where is Camp Blanding?"

I said, "Well, it's close to Jacksonville."

I went up and talked to Chris Wogen, and he said, "Well, you leave here and you go to Sacramento. Then you have a layover there until the following morning, you then go to Los Angeles, down the southern route to Dallas, St. Joseph, Missouri, and on across the southern states. You finally wind up in Jacksonville. You travel on two or three different railroads."

I said, "Chris, how long does it take?"

He looked at me kind of funny and said, "It takes five days."

So then I said, "How about if we go the other way and go from here to Chicago?"

"Well," he said, "you can do that. You go from here to Chicago. Then you travel southward, and again go to St. Louis and join the southern route."

I said, "How long does that take?"

He said, "That takes five days. Which way do you want to go?"

I looked at him and smiled a little bit. "Chris," I said, "I'm going to go over and talk to United Airlines, because I think I can get down there in one day on the airplane, and that might be the best way to do it."

So I got to go on a nice three-day fishing trip with Vernon and a patient that had had all kinds of trouble with a bleeding duodenal ulcer. I had done a gastric resection on this guy and he turned out to be a real good patient, and a real good friend of both our family and Vernon's. His name was Jack Boshaw, he was head of the Lassen County Sheriff's Office. The guy was a real ingenious person. He had

lost his left arm at the shoulder in a shooting accident, but he was one of the best fishermen I have ever seen. He tied on his own hooks with one hand, and baited them. I wondered how he was going to sink one of those tiny, little hooks into a salmon egg. I thought the best thing to do was watch rather than offer any help, because I knew he had some secret for it. He did it very simply and so quickly that you were really impressed. He just shook a salmon egg out of a jar, put it in the crease between the shoe and the sole, took that hook and snapped in there, much better than I could do with two hands. Not only that, when he cast that line out into the stream, he caught a fish right away. He had an automatic reel that he could use like a clamp. We had a great trip.

I remember the second morning we were there, Vernon and I met him in Susanville, and then went out someplace in a little neighboring town. I can't remember the name of it anymore, but they made hotcakes about the size of a dinner plate. Jack and one of his deputies and Vernon and I sat down, and we all ate hotcakes and bacon. Jack looked at me, got a grin on his face and said, "You know, I hadn't been able to eat hotcakes like this for *years*, not until you did that operation on me. This is a real treat." I was really surprised that he tied into this hotcake, then stopped and said, "Is it all right if I eat it?"

"Sure, it's all right if you eat it," I said. "I was looking at you to see whether you were going to be able to finish it all." He was able to eat more of his hotcakes than I was, so I judged that his operation had been quite successful.

Was that one of your first surgeries back in town?

Yes. This was one of the first surgeries. I did it, and Vernon assisted, and he, of course,

had to put his name on it as the surgeon, because I didn't have my privileges yet.

That day following breakfast, I had my first introduction to the 357 magnum revolver. We were riding along on some mountain road overlooking a lake, and Jack told his deputy to stop, "There is a piece of wood sticking out of the water down there," he said, "I want you to show Vernon and Ed how far that revolver will shoot."

His deputy got out and cocked the thing, held it with both hands, shot down there and put a bullet right next to this piece of wood that was sticking up. I guess it was a limb sticking up out of the water off a fallen tree.

Jack looked at him and said, "Oh, come on now! You can do better than that. Hit the limb!"

The second shot he did. "That's better," said Jack with approval, "Now let them try."

Vernon was always a real good shot; he took that 357 and he had about the same experience that the deputy had; he hit right close the first time, and then hit it the second time. That left two shots, so they handed it to me. I just hit close all the time.

Jack made the comment, "Well, in the army," he said, "they'll teach you so that you'll be able to hit it both times when you come back."

"Jack, I'm going to be in the Medical Corps. I doubt we will be seeing much of any firearms."

"Oh, no," he said, "I'm told that all the medical officers are armed."

"Well, that's not what I heard, but," I said, "I guess we'll see what goes on."

CAMP BLANDING, FLORIDA

Anyhow we came home. I had an extra day to pack up. I went down and got on the

airplane, a C-47, which is what they were flying then. We made a stop in Salt Lake City and another stop in Omaha, then went on to Chicago. I bumped into Bob McDonald and a friend of his; they were both in the Air Corps. They were stationed in the Aleutians, and they had come down to go on some kind of a training excursion. I think we picked them up in Salt Lake City; then they took another plane, heading towards Texas. So I had a nice visit with Bob.

Then I changed planes at Chicago; we made another stop somewhere along the way to either drop off or pick up passengers, and I got into Jacksonville that evening. I say that evening, but it was about ten o'clock at night when I finally got in there, having left Reno around seven o'clock that morning. I went out and got a taxi, asked him what was the fare to go to Camp Blanding. He looked at me kind of funny, "Well, gee, that's a long way."

I knew that it was out of Jacksonville. I said, "How much is the fare?"

He said, "Well, I'm going to have to charge you ten dollars to take you out there." I said that was fine. So he drove me on out. And, of course, by the time we got there, it was around 11:30 in the evening. We finally found the headquarters building to the Sixth General Hospital. I was told that I had to sign in on the book when I came in. So I went in and signed in at 11:30. It was probably a little bit closer to twelve o'clock when I arrived, but I thought I ought to give myself a little leeway so I could argue about the fact that I had gotten in before the start of another day, which might have left me absent without leave.

I went looking and found where I was supposed to bunk: a four-man tent on a wooden platform with some screens around the edges. I was put in with a fellow named Bill Burridge, who was a medical man,

another guy named Dan Ellis, who was also from the medical service, and then Claude McGahey, who had been a surgical intern that had finished the internship by the time they activated the unit.

It was kind of amusing, because the next morning they asked me if I was satisfied with the spot they had, quote, “saved” for me, or did I want to trade with anybody?

I said no, this was fine, “I want to thank you for your hospitality for saving me an army cot.”

What did you go in as?

I went in as a first lieutenant. We were all first lieutenants in that particular tent.

Did they get all the house staff into this group and clean out the general staff?

Well, they took out quite a number of the younger visiting surgeons: Henry Faxon, Langdon Parsons, Horatio Rogers, Bob Welch, Marsh Bartlett and a goodly number of the younger and middle-class visiting men. Of the house staff, I remember there was a good representation: Claude McGahey, John McKittrick, Howard Ulfelder and myself. This left some of the more senior visiting men back at the hospital. I remember that one of the people who was left behind was Francis Moore, who later became the Moseley Professor of Surgery. He was stationed at the Peter Bent Brigham Hospital. He was turned down for army service because he had bad asthma. He was a good, hard-working intern, a cut above the rest of the guys who were on the service. I don't know why I say that, because almost all the other guys who I had as interns stayed on as either assistants or went elsewhere and got good appointments in surgical hospitals.

But tell me, when you were in Reno after the war was on, how many of the chaps that were there practicing had already gone?

I think the only one who had gone was Fred Anderson. I remember seeing Alan Roche in a military uniform. He was getting ready to leave. Those are the only ones that I remember. Louie Lombardi went a little bit later, and so did Clair Harper. Then so did Vernon, but he didn't go until along in February or March of 1943. So they had a longer respite.

So that the town wasn't under-served?

No, I thought that there was a real adequate medical coverage here. Dr. West got a terminal illness while I was away, and died within about a year after I left. Of the people who remained here, there was Dr. DaCosta, who was an anaesthesiologist, Dr. Reno, Dr. Servath, and Dr. Horace Brown, who was a well-qualified surgeon and had excellent training. He also was the secretary of the county society.

When I returned, I thought that my application probably had been acted on. I had done several procedures under supervision with good results. I thought that I would be a member in good standing of both the hospital staff and of the county society. In the fall of 1945, when I finally returned, I had a surgical emergency, and they wouldn't let me admit the patient to the hospital. I finally had to get a hold of Vinton Muller to admit him. I went down the following morning and talked to a man named Mr. Morton, who was the hospital superintendent, and he couldn't find any records there. Finally Maida Pringle said that Horace Brown had torn them all up and thrown them in the wastebasket with the

statement that, going where he's going, he's not going to come back here to Reno.

What happened at Camp Blanding?

I had signed in at the eleventh hour. I had to report for duty to Colonel Goethals, who was our commanding officer. He immediately started on a tirade of reprimand, because I was late in getting there. I've already explained that my orders had been mis-sent to Spokane, Washington instead of Sparks, Nevada. When I tried to explain that, he shouted at me to stand at attention and answer yes or no. He said, "And I mean, 'Yes, sir,' and 'No, sir.'" This was a rather poor induction for me into the service.

I had been a house officer under Dr. Goethals, when I was at the Lying-In, but he surely became a different individual when he put on his uniform. He was an inveterate cigar smoker, and quite affluent in using the words *court-martial*, which he threatened me with two or three times while I was being interviewed. I guess his main gripe was that I had been at home enjoying things. He felt that the minute I got those orders, I should have embarked by air. I chose a different tack, and felt that if I got in there under the wire, it should be OK. One of his peeves was that he wanted to pay me about eighty-four dollars for my trip from Reno to Camp Blanding. The airfare was something like two hundred and fifty dollars at that time. I tried to explain to him that I didn't travel from Boston to Florida, that I had traveled from *Reno* to Florida, and that I didn't travel by train but by air. His dismissal note was that this was what I was going to get, to go down to the finance office and collect my eighty-four dollars. I asked him if I could use a Jeep to go to the finance office, and he advised me that I could walk down there, it was only about four miles, it wouldn't hurt me in the

least, and that it would be a good penalty for my late arrival. Well, my reaction was that maybe what I ought to do was go AWOL!

Instead of that, I went down to the motor pool and got a hold of one of the drivers and had him take me to the finance office, where I met a real nice lieutenant colonel. He noticed that, on my order jacket, the address was Sparks, Nevada. He asked me how I got to Camp Blanding, Florida, and I told him.

He immediately said, "Well, get your colonel to sign a statement that you didn't go the way the other unit went."

I explained to him, briefly, that my colonel was not receptive to such an explanation.

"Well, then I'll make one for you, because," he said, "if you get paid eighty-four dollars, you probably, before the war is over, will be plagued at every station, where someone will pick up the fact that there is an irregularity in your travel." He immediately executed a small document, asked me to sign it, and issued me a government check for the whole airfare from Reno, Nevada, to Jacksonville, Florida. He was very nice about it; he wanted to know what the taxi fare was and said, "Include that, too. There's no reason you should pay for that on your own." Anyhow, although the beginning was rough, it smoothed out as days went on.

One of the problems with having a large group of active medical people bunched together in a compound was the lack of things to do. They had a large station hospital in Florida, and interestingly enough, one of the officers was one of my classmates and a very good friend named Jim Freeman. We used to visit quite often. Because we were on a so-called alert status, the colonel was very reluctant to assign anybody to the station hospital for duty. He felt that we should spend our time drilling and going to sessions on army tactics and the like, which I guess occupied us, but it was not very interesting.

The unit was composed of about forty-six medical officers, about 115 nurses, and then a complement of somewhere between three hundred fifty to four hundred enlisted men who were to do the various chores of hospital maintenance. I remember some of the things that happened. We had an obstacle course that we were supposed to go through like infantry soldiers. One of the early casualties was Dr. Spike Sarris, who at that time was Captain Spike Sarris. He broke a toe while he was trying to scale a wall. "Well, sometimes accidents are beneficial," he said. "This will keep me out of the eight-mile hikes that we go on twice a week." This lasted only for a short while, as far as he was concerned, because the colonel told him that he could limp along. [laughter]

When you walk out through the sand dunes, here and there are pine trees. I don't know what kind of pines they were, not like the ones we have in this country. They afforded a little shade, but when you walk eight miles in a couple of hours in an afternoon in maybe a 100 to 105 to 106 to sometimes 116-degree temperature, it wasn't very pleasant. One of the executive officers, who was Colonel Thorndyke, collapsed on one of the marches. He obviously had cardiac decompensation. He was a corpulent individual, whose face was reddish and bluish, at times, under normal circumstances, and he just couldn't stand the stress. But he, fortunately, recovered, and I guess was put on a potion of digitalis. He was allowed to drop out of the hikes if he felt he was getting overly tired. He was a gentleman about the whole thing and tried to carry on. He was excused from the obstacle courses, which, I felt, they could have eliminated. Scaling eight- and nine-foot fences and then jumping off, and climbing over swinging ropes and things like that, were not conducive to hands that had been used to wearing

rubber gloves all day long. A lot of blisters and sprains occurred, which really were quite senseless. I've got to say, that within a short while, the unit looked pretty good on the parade ground. We learned how to march and do columns and squads and so forth and all the army maneuvers. These went quite well. One interesting and rather amusing incident was that one of the lieutenants in the x-ray department, a fellow named Stanley Wyman, was given the assignment of drilling the nurses. He found that it was quite difficult when he lined them up, because some of them were better endowed in front than others and it was hard to get them in a straight line. But he ingeniously solved the problem by just taking a step laterally and lining them up from the rear. He felt that was more adequate.

We went along. We were taught about court-martials and had to have some mock cases during our morning sessions. One of my assignments for a short stretch was to take care of the pediatric outpatient department. My only exposure to pediatrics was on district at the Lying-In, and then, of course, some of the surgical cases. The rashes and upset stomachs and formula problems of a large army compound were just beyond me.

They had a fellow named Colonel Busick, a lieutenant colonel who had gotten carried away with his army authority. I remember one day he came in to inspect the clinic. I was sitting at my desk with my feet up on the desk and my head buried in a two-inch textbook on pediatrics called *Holt and Howland*. I feigned not seeing him when he came in. He went around, rubbed his fingers across the top of the doors, and gave me a lecture about the fact that the clinic was unsanitary.

Well, you know what your reaction would be—that you were there to treat patients and they had a component who was supposed to do the cleaning. I felt like telling him so, but

I said, "Colonel, I've been trying to catch up on my studies in pediatrics. I'm sorry, I didn't see you come in. I'll have this clinic in tip-top shape in another forty-eight hours." Then I added, just to bait him a little bit, "You know, when I first got this assignment, I hated it with a passion, but now I'm beginning to enjoy it."

I got through that day of inspection. Then I went and talked to a couple of pediatricians who were in the unit, who would have enjoyed being down there, and got them to write me a lot of formulas and prescriptions for various childhood and infant illnesses. As I had promised the colonel, in the course of forty-eight hours, I had a well-running clinic with very few people there. I knew what this was going to amount to, and that was that I would be transferred to another assignment in a few days, which I was. And one day on the wards, I thanked him for moving me and told him that I didn't like the pediatric clinic any better the day I left it than the day I was assigned there, but that getting it in order had accomplished my mission.

One of the activities was going swimming. They had scooped out an artificial lake in the camp, and that allowed one outlet for getting cooled off. Later in the summer, the colonel acquiesced, and he would give a certain number of officers leave to go to a very nice beach resort in St. Augustine, which was about fifty miles from the camp. But we were on emergency, and this could have been terminated at any time.

They had an officers' club, which we sometimes went to on a Saturday night for a while, but that was mainly taken over by other factions in the military, and so crowded that sometimes it was hard to get even a rum Collins or some rum and Coca-Cola. We were quickly disenchanted with visits there.

Tick had finished her summer school sessions, and during the late summer, she came down and visited. She stayed at Jim Freeman's house in Jacksonville. I was allowed on two or three occasions to ride home with Jim Freeman and then ride back in the morning, which concession probably was not called to Colonel Goethals's attention, or I'm sure he would have spiked that. This was a pleasant interlude. One weekend she accompanied me to the beach at St. Augustine. But otherwise, the training was kind of boring.

Along in November, we were alerted to the fact that our departure was imminent. We were told that if anybody had any pressing needs, to apply for a ten-day leave, but only a certain proportion would be allowed this leave. I was lucky in that I was granted a ten-day leave, so I came home. I remember that one of the real enjoyable things was that Vernon called me up one day and wanted to know if I would like to go to the Greenhead Club for a duck hunt.

"When do we go?"

"Well, I'll come by and pick you up at four in the morning." He called me up about four in the morning and asked me if I would help him do an acute appendix, which we did. We went down to Ramos Drug Store, had a quick breakfast, and then took off for the Greenhead Club. At that time, I think he had a big, yellow convertible coupe; it was a *Packard Straight Eight*. By the time we got in the vicinity of Fallon, why, we started catching the people who had left in the middle of the night. We got out to the Greenhead Club and had a good shoot. I remember we each had ten ducks and two geese when we marched back in. I found, actually, that Vernon was in better shape with what he had been doing out here than I was after all my marches and Florida heat, but that was beside the point.

CASABLANCA, SIXTH GENERAL HOSPITAL

Then I came back to Camp Blanding, reported in, and it was quite obvious that we were going to be mobilized. Rumors were rampant about where we were going to go. With the invasion of North Africa by General Clark and his contingent, we all made our bets that that's where we would go. And finally in early January we got the word that we were to embark on the troop train for Camp Kilmer, New Jersey, for a so-called staging process. We were to leave back any unnecessary objects and to take the articles that were needed for a bare existence. I had a down sleeping bag that I had brought with me down to Florida, and I managed to put that inside of my bedroll, and that passed as OK baggage. They used to weigh them. You were allowed a backpack and a musette bag and your bedroll and a barracks bag. I guess the barracks bag was meant to put your dirty clothes in, but what were you going to do with them after they got dirty? If you took them into Jacksonville, you might get ordered to leave before you could get them back. So they were probably an accessory which could have been eliminated.

Anyhow, we finally made the exit at Camp Kilmer. We were kind of lucky. We sailed on the three ships in this particular convoy, which consisted of probably about forty vessels in all. We were on three of the Moore-McCormack lines, passenger ships that used to go from New York to the South American islands, and then on down to the South American coast. They were ships that displaced about twenty-five thousand tons, and we were told that these would be comfortable ships for passage. The only problem was that a state room, which normally was to accommodate two persons on a normal cruise, was remodeled so that

there were eight of us in this one state room. But we managed that.

The second or third morning out, we found out that during the night there had been a scare about a submarine attack. And, of course, all these ships sailed under complete blackout conditions. The ships were supposed to sail in a deceiving maneuver by zigging one way for a certain period, and then going in the other direction. Somehow during the night, one of the liberty ships apparently didn't get the right signal, it zagged instead of zigging, and collided with the *Uruguay*, which several of our personnel were on. The collision cut a pretty good gape into the fore-corner of this ship. The *Uruguay* was escorted back to Bermuda for repairs, and those people didn't arrive for probably another four weeks after we arrived in Casablanca.

The food was fairly good. We were given two meals a day—breakfast and dinner. I remember one night that I almost succumbed to seasickness. We had a pretty good storm on the ocean, and although the stewards in the dining room tried to reassure us by saying that this was like sailing on Central Park Lake in New York City, I reminded one of them that they had the storm guards on the tables turned. I guess they were put there to keep the dishes from sliding off the table when they got to tilting too far. But this was the only rough night, and after dinner I went up and got prone in my bunk and spread my legs and arms apart, which helped steady you a little bit. I got by without succumbing.

I remember another incident that almost precipitated seasickness. One of the engineers in our cabin was second in command of an airport building company. He had a pair of field glasses, and had loaned them to me. He told me to look out across the ocean and look at a destroyer that was dropping depth charges

out on the edge. I looked for just a short period. The fact that this destroyer would be way out of the water on the upswing, and would completely disappear from sight on the downswing almost made me seasick! And so I gave them right back to him.

It was quite pleasant getting up in the morning, walking out on deck and seeing that the whole component of ships was present and sailing serenely across. We were not told where we were going, but everybody had enough of an intuition about the direction of the sun and whatnot that we had a pretty good idea that we were going to Casablanca. We arrived and docked in the middle of the night. It was a ten-day crossing, and might have been executed a little bit quicker had it not been for the accident with the *Uruguay*, but we were later told that we had a crossing in good time.

When we debarked Dr. Roy Cohn and two or three of his friends from the Forty-eighth Evac, which was the Stanford unit stationed in Casablanca, were on the pier to meet us. I remember Frank Gerbode asked us if we knew where our port of destination was. We told him we had an idea, but that it was supposed to be super-secret. They all had a big laugh and said that they had known for three weeks that we were going to dock there. They knew the exact times, and that's why they were all here to meet us.

Casablanca was a pretty city, white and glistening as you approached it, but when you got to looking a little bit closer, it certainly had its abundance of filth and poverty, and as some of the people referred to them, "dirty Arabs." But I guess that can be dismissed as an anonymous comment.

We were located in a girls' school which had been commandeered by the army. It needed a lot of remodeling to make it into a hospital, but that was accomplished in record

time, mainly by Arab laborers, who were very good at doing stonework, putting in sinks and basins, and putting tile floors in the operating rooms. We had a casualty among our medical personnel about two months after we arrived. Our neurosurgeon, a fellow named Henry Heyl whom we had worked with at the General, developed a lung cavity, and was sent on home. His replacement turned out to be another of my classmates, a fellow named Henry Laudig who had trained in the New York hospitals.

We were always taught that if you did lumbar puncture on somebody, they were supposed to lay flat for twelve hours. Laudig often did his lumbar punctures with the patient sitting up on the edge of the bed and in a stooped position, so that it would spread the spines and make location of the puncture easier. Dr. Horatio Rogers, who was our chief of surgery, came and scolded him about doing things this way. And Laudig merely smiled, looked at him, and said, "Colonel, there are many ways to skin a cat. I went to Harvard Medical School. I know that in Boston you do it this way, but in New York they do it this way. The results are the same." So he got by that hurdle without any trouble.

One of the interesting sidelights was that our head ophthalmologist, Dr. Trygve Gunderson, was an avid hunter and fisherman and sportsman, the likes of which I had never seen. Maybe my uncle, if he had not had to run the ranch, would have been the close second. Dr. Gunderson found a very, very, intelligent master sergeant who had, I think, been exposed to optometry training. Trig went to all the trouble of getting copies of the retina from the pathology department in Washington, D.C. He taught this guy to do examinations. Trig spent his time figuring out he could make chilled shot, because the only shotgun shells that you could get were

from the military police, and they usually had BB shot or buck shot in them. He would melt the shot with several Bunsen burners up on the top of the building and then drop them through a sieve into tubs of cold water down on the ground level. He armed himself with a goodly amount of shotgun shells.

I knew Trig very well, and I asked him one day why he was doing this. He looked at me and smiled, "Cantlon," he said, "I was out in the country the other day. There are more partridges in this area than there are in two or three states back home. I intend to sneak out and shoot a few." He accomplished it all right. He went out and had a whole drove of dirty Arabs beat the brush and the green fields, and he had a field day. Somehow the colonel learned about it, so when he got back to camp, the colonel committed him to quarters.

Trig said, "Do you mean that I have to stay in my room?"

The colonel said, "No, I mean that you can go from your room to the hospital and carry out your duties, and then you can go back to your room."

Trig had gotten a large number of partridges and was going to have a big dinner for all the officers. His comment was, "I'll get even with the colonel. I won't invite him to dinner."

I think he relented, and we had a good feast on the partridge. They were quite similar to our chukar partridge, actually. They were nice birds, and the cooks really did a good job on them.

Was there fighting during this time?

They were fighting in Algiers. First the Americans would chase the Germans back, and then the Germans would chase the Americans back. Rommel, finally, on his last retreat, did kind of a dirty trick. He

contaminated all the wells along the way. This caused a real outbreak and many cases of typhoid fever and a lot of dysentery. It was a good thing that they had enough strength and fire power to chase him across the Mediterranean, because this really stalled the American troops and the support troops that were coming up, and really put a dent in us.

We really got quite busy in a hurry, because we were used as a staging hospital to send people back to the States. The big passenger liner called *West Point* came, and would evacuate as many as five thousand casualties who had been deemed unfit for further military service. There was another big liner called the *America* that was not quite as big as the *West Point*, that made two or three calls also.

I remember one distasteful assignment. Our ear, nose and throat man named, John Frazee—and I don't know whether he got a reaction to Atabrine or what his problem was—was committed to sick bay for about a week. Horatio Rogers assigned me to the Ear, Nose and Throat Department. Frazee had lined up oh, probably, about fifteen tonsillectomies that he wanted done. That was one operation that I had never done in my life.

I tried to explain this to Colonel Rogers, but he merely looked at me and said, "You're in the army now."

So the way I took care of this, I went up and I canceled all but three of the tonsillectomies on the basis that most of them were elective cases. The three that I did were on people who had been sent in from outside outfits. With each one I explained that I had never done a tonsillectomy in my life, and did they want me to do it, or did they want to wait for Captain Frazee? Apparently each of them had an inherent dislike for poor old John Frazee, and I was elected.

But fortunately, John made a rapid recovery, and I then was sent back to my ward on orthopedics. I'd been assigned to orthopedics because there were two or three good orthopedic doctors who had been assigned other duties. But that's the way the army goes.

We had to expand into a tremendous warehouse. In that expansion we had over four hundred patients under one roof. My job was to go around and try to sort out the orthopedic cases among them and see what could be done with those. It kept one quite busy when you adhered to the routine that you had been taught: doing a thorough physical examination and then writing it up. Even though you could write it on a chart, it was time consuming. But it kept one busy.

I was fortunate that Captain Otto Aufranc—he had been Smith Peterson's assistant for a couple of years before we were mobilized—was a real good instructor, and taught me how to do knee cartilages. He even helped me do a ruptured lumbar disk on a tank driver who had been chasing Rommel around and ran over a land mine.

I think that the tank driver was one of those people who really had an incentive for being in the war. He said he came over here to kill Germans; that's what he wanted to do and whenever we told him that he was ready, he wanted to go back to duty in his tank. I honestly think he is one of the few people who had that type of major surgery that got back to his original outfit, probably because of his enthusiasm for doing what he had been trained to do.

TÁRANTO, ITALY, THIRTY-FIFTH FIELD HOSPITAL

My stay at the General was interrupted sometime in late July or August when I was

transferred from the General Hospital to an evacuation hospital. Words come rather slowly through the various channels that have to be followed and there were several of us who knew that transfers from the General Hospital in Casablanca were in order. Jack McKittrick, one of my assistants who had been at the MGH and with the General Hospital, was transferred to a hospital in the southern part of Italy. He finally wound up in Naples. Oh, there were various people who were transferred. I had heard rumors that I probably would be transferred. After hearing them for about six or eight weeks, why, one morning I was called to the colonel's office and told that I was being transferred to the Thirty-Fifth Field Hospital, which was in southern Italy just out of Táranto. This was a hospital that was giving support to the heavy bomber wings that were stationed nearby.

We went through a short period of training in evacuation hospital techniques, I was put on a train and sent first, to Algiers, where I spent the night at a station hospital with the assistant commander of the Sixth General Hospital. Colonel Knott had been executive officer at the Sixth General Hospital and had been transferred to this hospital in Algiers as the commanding officer. He treated me royally. He was a regular army officer, but I guess was a little bit lonesome to talk with somebody that he had known before. In his station he was among strangers.

He came down and picked me up at the railroad terminal in an army vehicle and brought me up to the station hospital, which was in a good location on top of a hill in a beautiful building. The view of the surrounding country was great. Algiers was a very scenic city. He drove me around and, of course, there was plenty of poverty on the outskirts, but in the central part of the city it was hard to tell it from the normal American

city. We had a pleasant evening and a pleasant visit. He put me up at the hospital and I had excellent food and good lodging. The next morning after a first-class breakfast of fresh orange juice, bacon and eggs, pancakes and plenty of good coffee, we kidded about the fact that he must have some pull because his coffee tasted better than the general run of coffee that they served in the hospitals. He merely smiled and said, "I have connections!"

Anyhow, he drove me back down to the railroad station where we embarked on a troop train and went to the staging area at Oran. There was quite a melee of people that we bumped into there. I remember in particular a rather heavy-set sergeant with a large cigar in the side of his mouth, who had the audience spellbound, telling them what they could expect. He had been a jeweler in Chicago and had a star sapphire on his finger that he had picked up in one of the Casbahs in northern Africa. And he told us how much he was going to get for this stone if he ever got to the states. We listened to this sort of talk for quite a while and then we were given orders to debark for the piers.

At Oran we were put on a troop ship to Táranto, a big naval base right at the heel of Italy. Our ship which was an LST landing ship. I didn't learn this until after I got aboard. They kept referring to it as an LST. When you walked up that gangplank, you were immediately impressed with the fact that this was kind of a roly-poly ship. It seemed they made them that way so they could run them right up on the beach, lower the front ramp and let the tanks roll out on the beach. I want to tell you that I had a lot of misgivings. When I crawled into my bunk I looked around to see where the avenue of escape to the bathroom was, because I felt sure that I was going to be seasick before we even pulled away from the dock. It was really that tipsy. I guess maybe

the fact that it was anchored to the pier didn't help things, because it would roll one way and then hit the end of the anchor and give a real jolt.

We finally were cut loose and were told, after we got out into the Mediterranean, that we were headed for Táranto and that it wouldn't be a long voyage; we were going to get there by daybreak. It was an overnight trip and I made it without getting seasick. But I've gotta say that I was in the minority in that category; almost everyone else on the ship had gotten sick. It was kind of a relief to get on solid ground.

We were met at the port by a convoy of several trucks and driven to a little village called Erchi, probably about thirty miles from the Naval Base at Táranto. I and several enlisted men and various other people were all unloaded at a rather imposing building. One of the truck drivers said, "Well this is an old school. I guess they're sending you back to be educated." Anyhow it made a good set up for a hospital.

Here we were indoctrinated into the Second Platoon of the Thirty-fifth Field Hospital. I couldn't have been happier when I went in and reported to duty to find Hugh McMillan, who I had known in medical school and who had interned at Roosevelt Hospital in New York. I had seen him a couple of times because he had been assigned to the Ninth Evacuation Hospital, which had a real good array of very competent people and their commanding officer was a man named Colonel Frank Berry, who in addition to being a good guy was an excellent surgeon. Although Hugh's duties in the hospital were mainly administrative, this made for a happy reunion. There was another fellow there named Jim DeWeerd who had trained at the Mayo Clinic. Of interest here is the fact that in later years he had been involved in the

treatment of Bill Harrah when he went back to the Mayo Clinic to have his operation. And he and a couple of other members from the Mayo Clinic came out to Harrah's funeral service.

We had quite a conglomeration of people. Hugh McMillan and I were the surgical strength. There was a guy named Henry Rosenstiel, who was head of the Medical Department. It turned out that he was a good friend of Dick Petty's here in Carson, so we had that in common. We had a couple of real good X-ray people. But our problem was that all of the equipment for this field hospital had been put on a liberty ship, and it was docked at Bari. We had a commanding officer, a Lieutenant Colonel named J. C. Tollock, who was a very domineering individual and tried to put everyone down. I remember his greeting to me, "You come from the Boston Unit? I can't remember which general hospital that is, but I want to tell you that you ain't seen nothing yet! You've been working back in the bases and away from the front lines."

I listened with interest but I had the feeling that he didn't like people who had gone to Harvard Medical School or who had been trained at the Massachusetts General Hospital. I think this was his way of telling me that there was going to be friction between us. And there was! But, of course, he being the commanding officer and I being a captain in the Medical Corps, I had to keep my mouth shut. After I had been given a bunch of orders that often times seemed kind of stupid to me, I would say, "Yes sir, I'll do my best." and go on my way.

This was kind of an interesting hospital because Lt. Colonel Tollock had displaced a Lt. Colonel Wilkinson, who had been in the hospital only about three weeks when he got homesick. The news we got was that he had been sent back to the states for medical treatment. I don't think he had anything

serious because he looked pretty healthy and happy and full of smiles the day he was taken down to the airport to leave.

Not long after the colonel had given me all the orders about how things were going to go, he told us that he was asking for a transfer and couldn't wait to see his orders come through. He said, "I peruse that mail every day. I'm tired of this outfit." And actually it was kind of an unpleasant place to be. The hospital was very poorly equipped. Most of the equipment for the hospital had been put on a liberty ship and sent from Oran to the Port of Bari. We didn't have any x-ray machines or an ether machine. About all we had was a sign in front of the hospital that said: "Thirty-Fifth Field Hospital, Platoon Two."

I tried to convince Colonel Tollock that we should take the sign down because we weren't equipped to take care of casualties. He informed me that he had put it up, it was going to stay up and we would take care of whatever arrived. We were all happy the day that he got his orders to leave.

He was replaced by another army officer, Christopher Morgan. He was a nice guy but it seemed that his stay was going to be short in the hospital, because he made a lot of talk. He came to our quarters one night with a big .44 pistol stuck in the front of his pants and a big cigar in his mouth. He first told us that he was a man of straight talk and few words and that when he said something he expected us to stand up, salute and say, "Yes, sir," and carry out his orders. I got along quite well with him. He told me that he had been on the staff of Long Island College Hospital in Brooklyn and that he was an OB-GYN specialist. I told him that I knew where the hospital was, and named several of the people whose names I had learned. We got along real well. He latched onto me as an area of support. He didn't get along well at all with Hugh McMillan, Jim DeWeerd, or with Henry

Rosenstiel, who was the head medical man. He was there only a couple of weeks when he was replaced by Major David Wood, who came from the Fifty-ninth Evacuation Hospital, which was a Stanford unit.

I knew Major Wood a little bit because when he had been stationed in Casablanca he came into the Sixth General Hospital with an acute gall bladder. Marsh Bartlett had taken his gall bladder out. He was a very pleasant fellow, actually too nice a person to have been assigned commanding officer of this Thirty-fifth Station Hospital Platoon. It was an area which was fraught with all kinds of complications, mainly due to poor organization and the rapid turnover of all the commanding officers.

He called us all together, and we discussed what we thought needed to be done to put the hospital in some organized semblance of a hospital. Even though we weren't equipped to take care of any major casualties, we could take care of lacerations and minor trauma of emergency ward caliber. Once in a while we'd get an acute appendix.

Henry Rosenstiel stopped me in the hallway one day and wanted to know if I would see a case in consultation with him. I said that I certainly would, "Tell me a little bit about the problem."

As we walked down the hall he recited his story.

"Henry, I think we're dealing with an acute appendix. I think we've got to get a hold of Dave Wood and see if we can make arrangements to operate on her here, or else transfer her to a hospital where they could operate on her."

I got a big kick out of Henry's reactions. "Why would you say a thing like that? You haven't even seen her yet."

I said, "Henry, you've recited such a typical story for acute appendicitis that if

she doesn't have it, she needs to be operated anyhow to see what she does have."

We went in and saw her. She was scared to death. She had a rigid abdomen and was tender over her appendiceal area. She had a blood count which was in confirmation. We finally got her appendix taken out and everything went well.

What did you use for anaesthesia if you didn't have ether machinery?

We used some Pentothol, and also some drop ether periodically, which worked quite well. It wasn't ideal but it was adequate for doing an appendix. This was such a typical case that I did a right lower quadrant McBurney incision on her. I remember that Dr. Smithwick had told me one time that when you operate on females you should not make McBurney incisions. His statement was, "Doc, one day you'll make one of those and you'll get into a mess. You'll never make another one the rest of your life." But anyhow it went well and she did well and everyone was happy.

Things were quite quiet in the area. The bombers were not making many raids. We really hadn't had many casualties. Mainly there were numerous rumors about the fact that the Germans were going to wait until Anzio and we had a large number of troops on the beach. Then they were going to wipe out the whole beachhead and capture a lot of American equipment and prisoners and hospitals which had been set up in the compound. From day to day people would spread these various rumors but nothing much would come from it.

One of the pleasant things about that hospital was that I became well acquainted with a Lieutenant Wilson, a co-pilot on one of the B-24s, and he seemed to be a good

avenue of information—one of those fellows who liked to be an ambassador of good will to all the people around. He used to come over and tell us everything that they had been told during their briefings. He said our best information was that the Germans were laying low and not making any real attacks. The main fighting, on their side, was in the Cassino area where they had taken over a large monastery on top of the hill overlooking the Rapido River. It was at an exposed point on the river, where they were just looking down everybody's throats from up there. And, of course, they were well ensconced in underground tunnels and a maze of fortified positions so that they couldn't be harmed much by artillery fire and they were safe from air attacks. It was bloody ground. Wilson would come over and tell us that they had suffered a bunch of casualties there, again, but they were letting the Americans fortify Anzio. The rumor was that the Germans were just playing a waiting game and planning to wipe out the whole beachhead once it was well established. Fortunately that didn't work out.

This was the spring of 1944?

Yes. Dave Wood came one day and said that he wanted to thank us for all the cooperation we had given him, that he was going to be transferred. He didn't know who the new C.O. was going to be. In the course of six to eight weeks we had five different commanding officers at this hospital.

The next thing that happened, which was really a blow, was that Wilson came over and told us they were going to make a heavy raid on the German positions just south of Rome. There were five bomber groups in the Air Corps in southern Italy, and they were going to see if they could soften things up and disrupt some of their buildup there to

see if they might weaken them enough that they wouldn't make an assault on Anzio. They made that raid. He came back the next day and told us that it hadn't been all that successful; they didn't find a lot of things to bomb. The only good thing about it was that all the planes had returned to base and they had no casualties.

The next day he came with some alarming news. They had decided they were going to bomb Regensburg, in the southern part of Germany. It was a neighboring city to Augsburg. They were both industrial cities where they made a lot of airplanes and tanks and ammunition. They were well fortified and ringed with all kinds of anti-aircraft guns and, of course, had a strong fighter group. Their Messerschmitts were low altitude fighters and they had a new plane called an ME-109 (Folke Wulf) which is a high altitude fighter plane. When this group went up to bomb them, they weren't very successful because the weather had closed in and they had to stay up at altitude. They lost one crew. A bomber went down. Wilson said they weren't sure whether it had crash landed or had been shot down. The ship was reported as missing and they never heard of it again.

Another plane that had been shot up pretty well and was returning to base crash-landed on the beach and killed everybody but one occupant. The only reason that he was saved was that he had baled out when he realized that the plane was going down. We had him as a patient in the hospital for a few days. He didn't have anything seriously wrong with him. He was scratched up a little bit but was lucky to be alive. He said he had never parachuted from that level, that his comrades had told him he'd never make it, but he said he wanted to chance it because he thought that was a better out than crash landing on the beach. I guess his judgment was right on that.

After that, they continued making some of these bombing runs and we would get a few casualties. One was a pilot who had gotten some shell fragments into a knee joint. It was rather a distressful thing to have to take care of, but I thought we could handle it alright and we got by with it perfectly well. What it amounted to, mainly, was deep bleeding from wounds and taking some metallic fragments out of his knee joint. Fortunately the bones themselves were spared. There were a few chips of cartilage taken off but other than that, he got by lucky. He also had a few metallic fragments in his forearms.

There were increasing numbers of casualties from the bombing runs. I remember another rather distressful one that had a large fragment through his chest wall. This was accompanied by fractures of the upper two thoracic vertebrae. I opted to just put a water seal trap in his left chest; he was beginning to develop a little upper lobe collapse. We transferred him to the Twenty-sixth General Hospital in Bari.

It was a good choice because they were a well-equipped hospital and in top operation. I remember talking later to their thoracic neurosurgeon, "You made the right choice, in not keeping this poor guy down there. We tried to decompress his fractured vertebrae, because he had begun to develop a paralysis. I've got to tell you that I wish I had taken your lead and evacuated him to the States rather than try to do anything for him here, because he developed a rather extensive paralysis and wound up as a rather sad case."

The activities were anything but rushing around this station hospital. McMillan came one day and said that he had met a Royal Air Force officer on one of his forays—he was always sneaking off and going somewhere. This fellow had a villa up at Bari. We were to go up and spend the afternoon and have

dinner with him. He wanted to cue us in on a lot of things that were going on. One has to rely on divine guidance at times. This was sure a lucky outcome on our part. We had gone up and met him. He got one of the RAF vehicles and drove us all the around the Port of Bari. He kept telling us, "This is a poorly managed operation here. They've got too many ships in this harbor. The Krauts are not licked, even though everybody thinks they are. They still have a good fleet of airplanes and bombers, and this port is a fine target."

He took us down and we inquired at port headquarters about the ship that had all the hospital equipment on it. We talked at length with the port commander and told him what our plight was. He said, "Well, we know that but our priorities are to disseminate bombs and ammunition." He said that we were going to be delayed some more because they had two ammunition ships that had come in that afternoon. He drove us by and showed us where they were. My appraisal of the whole thing was that I could stand up on the pier, throw a baseball up onto the deck of one of these ships, and probably get two or three of them.

Anyhow, we had a nice tour of Bari and the port and the harbor. It was a beautiful city and a beautiful setup. Right after a very good meal with Major Wolfe at his headquarters—we were sitting and waiting for tea—the sirens went off. "Oh my God," he said, "Those bloody Krauts are going to do it tonight." We skipped the tea and we all ran up to the top of his villa which was probably about three or four miles away from the port.

When you got up there you knew what was happening. You could hear the roar of these German Stuka Bombers. They sent over a wave of about seventy-five of them. We were standing up on top of the villa. I had climbed up on the top railing and was leaning against

one of the pillars when I saw a tremendous flash of fire and smoke. It's too bad one couldn't have had a motion picture camera to film it because it was just the most awesome and most picturesque mixture of colors that I had ever seen in my life. Fortunately for me, I had my arms around this pillar so that I was well braced. My first sensation was just exactly like somebody had stuck a couple of needles right through my eardrums. It was just a piercing pain and then you got the effects of the blast. Even at that distance, if I hadn't been hanging on, it would have knocked me clear off that railing. Apparently they had known about these two ammunition ships and made a direct hit. They must have sunk between thirty and forty ships in that harbor. And, of course, the ship that had all of our equipment on it was one that went to the bottom. So equipping that hospital was going to be another long delay.

We spent the night with Roy. It was a short night. He told us many, many times that this was one of his fears. He said he had tried to communicate with his officers but to no avail, they all had the idea that the German air force was pretty well crippled and inactive. But they were sure wrong in that assessment.

Where did the Germans come from?

They came from across the Adriatic. They were over in Yugoslavia. We bumped into another interesting person when we got back to Erchi. An Italian pilot, who was a barnstormer, used to fly over to Yugoslavia and land in cow pastures or on the beach, pick up injured people and spies, and then fly them back over to Italy. He said this was entirely an underground operation. But he, likewise, had made the prediction that the German air force was much more intact than it had been

assessed by some of the higher-ups. He said that he had the feeling that something like this was in the offing.

When we got back this really put us behind the eight ball. That port was in no condition to send another convoy in. Some kind of transport would have to come, maybe from as far back as Casablanca, to bring in any hospital supplies for us. Then a real interesting thing happened. John Stewart came by. John Stewart had been one of the surgeons at the General. He had been assigned temporary duty with the air force in Italy. He was instrumental in getting Dave Wood out of this platoon in the field hospital and back into a medical establishment in Naples, where his education and expertise would do a lot more good than being wasted in this little outfit. John Stewart brought greetings from Colonel Churchill and from various people that he had visited with. He had also seen Grantley Taylor, who had been given command of a station hospital. And all in all it was a good visit. He smiled and said, "You guys are going to be quiet here for a while. That episode at Bari had been a devastating blow and was going to slow things down considerably." He said, "You ought to ask for some time off."

After Wood left us, Major Mahoney, who had been the executive officer, was given temporary command as C.O. He was a medical man who had been put into an administrative position, which he really didn't like. He was scared to death when he was given temporary command. But I had always gotten along well with him. A couple of nights later, Lieutenant Wilson came over and said that a plane from his wing, the Ninety-Seventh Bomber Group, was going to take a crew which had finished their missions, to Casablanca and wouldn't I like to go along with them. I went up and asked Mahoney if I could go.

He said, "Well, I don't have the authority to issue that kind of order."

"Oh come on Major," I said, "You've got a typewriter there in front of you. You have a sergeant secretary who can operate it real well. All you have to do is just assign me to temporary duty."

"Well," he said, "What kind of temporary duty?"

I said, "This plane is going to Casablanca. It's the Sixth General Hospital and I may be able to get you some medical supplies. Just say I've been assigned to temporary duty in search of medical supplies."

He looked at me kind of funny and said, "And how far do you think that would go in the higher echelon?"

I said, "Well, everybody does it and really, the only reason for having any orders at all is to put the hospital in the clear, in case of an accident on the way."

He finally sat down and typed these orders out. He wanted to know whose name he should sign to them.

I said, "Sign your own as commanding officer."

When he handed them to me, why, he said, "Well, good luck! I hope I don't get us all into a peck of trouble."

"Sir, there won't be any trouble," I said, "We are just going down for a visit to see what I can pick up. And we'll probably be gone about two days."

This was an amusing assessment on my part. The first day they got some kind of a snafu at the air field and they couldn't find somebody who was supposed to go home. Then they had to find the pilot who would be able to fly the plane on its return trip. It finally came down to the point that the executive officer, who was a bona fide bomber pilot, would make the trip to fly the plane back with

the replacement crew that they were going to pick up in Casablanca.

Then the commanding colonel came over and he said, "Gee, I don't know whether we're going to have room for you on this trip."

I said, "Well, I've got a Mae West and a parachute." I looked at him and smiled and said, "Colonel, there's always room for one more on a bus."

He smiled and said, "Go to it!"

So we got on and made an uneventful take-off. But we had gotten a late start so they just flew as far as Algiers that day. This was OK, because I kind of got the officers on the plane to commandeer a vehicle, which they could do easily. We all descended on Colonel Knott up at the Seventh Station Hospital in Algiers, where he was glad to see us all. He gave us all a good meal and found beds for everybody. We had a restful night. Then we all got up the next morning and had a good breakfast and went back down to the airport.

It had already pre-flighted so we all scrambled aboard and took off for Casablanca. This gave me an idea of why sometimes some of our bombing missions had gone so far awry. As we moved down the Mediterranean coast, then flew out over the Atlantic, the navigator came up out of the nose of the airplane. He talked to this guy and said, "That's Casablanca."

And, hell, we were over Morocco at the time and the place that he was pointing to was a city call Rabat.

I was standing up on the flight deck and I said, "Gee, that's not right. This is Rabat. You can't land there. That's off limits for any airplane. You fly over there, you are very apt to get shot at."

The pilot turned red as a beet. I think the thought of having a B-24 shot down over

Morocco was the last thing in the world he wanted. He said, "Well what do we do?"

"Well, just fly down the coast and you'll see Casablanca," I said. "It's about eighty air miles down the coast. That shouldn't take you very long. The airport is inland. Fly well around the harbor, because they are heavily equipped with anti-aircraft. If you fly in over the harbor, you'll get shot down as sure as blazes."

The navigator got a kind of a funny look on his face and he said, "What would you do if you were coming in here at night?"

I said, "I think I would take a course in navigation before attempting anything like that. God, you just must be anxious to get home to be making any calculations like that! You're a good hour away from estimated time of arrival."

We flew down the coast and the harbor was quite visible. We detoured well around it, made contact with the air field, and landed.

Wilson and I had laundry bags full of his clothes that he was going to have cleaned in Casablanca, which was his reason for going down there. We got them to take us over to the Sixth General Hospital where everybody seemed glad to see us. I remember having a delightful visit with Marshall Bartlett and with Dan Elliott, who was on the medical service, and with a fellow named Fred Krane, who also was on the medical service. Actually, the first guy I saw when I walked into the hospital yard was Otto Aufranc—I had been on his service before I left. We really had old home week and you'd have thought that Wilson had been a member of the contingent, too, because he paired off with everybody. We had a good meal, which I was not accustomed to, but I guess the Air Corps ate better than we did. They had steak and salad and French fries and all the trimmings and some homemade ice cream for desert, which was great.

We visited long into the night and I was amused about the fact that Marsh Bartlett said, "You should go pay your respects to the colonel."

"Oh, I intend to," I said, "Do you think he might still be in his office?"

"Oh, yes," he said, "He always sticks around here after meals and works until about nine o'clock."

I went in and announced myself. He looked up and without smiling or without any other expression, his first question was, "How long are you going to be here?"

I said, "Well, I came down with this bomber crew that is going to pick up a replacement for a crew that has completed their missions and are going back to the states. We'll probably leave day after tomorrow."

"Well," he said, "Have a good visit and if you have any problems, why, you know where my office is."

I saluted and thanked him and went on my way. I felt that he was still about as unpleasant and as army-like as he always had been. Well, anyhow we had a good time. We were able to see quite a lot of Casablanca, much more so than I had seen when I was stationed there. They wouldn't let you get very far from the compound at that time for two reasons: because of the heavy influx of patients to process, underground attacks on personnel. I guess those were real bona fide precautions.

In one of our wanderings, we went out to the airport to see if there was any news about when we were going to leave and had the new crew showed up? We were greeted with the fact that this bomber had blown a tire on landing and that they hadn't been able to fix it as yet. That seemed amusing to me; a little thing like a flat tire was going to take forty-eight hours to fix. It gave you the impression that this was why progress was so

slow in the army. It started with the minutia and went right on up to the top command in the same fashion.

I told Wilson, "Well, we might as well go back now. We'll be back in time for dinner."

We spent another night and it was that evening that I talked with our supply officer from the General Hospital. He was a little guy named Lieutenant Fowler. I told him that I was going to ask a favor of him and could he get me five gallons of alcohol?

He looked at me like he'd been struck by a heavy baseball bat and said, "What in the world would you do with five gallons of alcohol?"

I just looked at him and said, "Lieutenant Fowler, we have to soak our thermometers."

He said, "I don't have a container for it."

"I do," I said, "We made arrangements. We got a hold of a ten gallon cream can when we were over in Italy."

He said, "Well where is it?"

I said, "Oh, it's here in the yard."

"Well, bring it over," he said, "I'll see what I can do for you."

So that was great. I remember telling Wilson that night that I had made arrangements to bring back five gallons of alcohol.

He said, "We got a ten gallon can."

I said, "Well, I'll see if I can talk him into letting the faucet run a little bit longer."

The following morning we went back out to the airport. This was news that was absolutely hard to believe. When they had taken this tire off the airplane they found out that the wheel had been damaged. And this was a B-24E or something like that, a little more advanced model than the planes that they had at the base. They had contacted Marrakech. Marrakech was down in the desert and was the big headquarters for all the ferrying operations of the Air Corps.

And would you believe that they didn't have a wheel there? They had sent an emergency aerogram to have them ship a wheel from the states over to Casablanca. And God, I began to get worried with that. I thought, (a) Colonel Goethals was going to kick us out of the hospital if we stayed much longer; and (b) probably by now we'll have another commanding officer at the field hospital and I will probably show up being absent without leave. They did pretty well getting this message over there, getting the wheel on a transport plane, and sending it over. What finally happened was that the two-day trip I had requested turned into a six-day trip.

They finally got green lights all along the way. They had replaced the wheel and taxied it and taken off with it and pronounced it OK. When I showed up at the hospital on that fifth night, the colonel came over and asked me how long I was going to be there. I told him that we were leaving the next morning.

He said, "What kind of orders do you have?"

And I said, "Oh, I have orders from my commanding officer for detached medical duty."

He said, "Could I see your orders?"

I knew right then that the only way he was going to see them was that if he fought me for them, but I told him that I would be glad to, but that I had left them in my coat in the Air Corps car.

"Well," he said, "Don't tell anybody about detached medical duty. I hope you haven't given anybody down here any ideas that they are going to be able to make any trips like you're about to complete. I hope that everything is under control so that you can get off in the morning, because if you stay down here much longer, there's going to be a lot of people who get funny ideas about being a medical army officer."

I saluted and said, "Yes sir," and that I was sure that we'd be off in the morning.

Wilson had gone to the quartermaster and had ordered a case of eggs. The case of eggs turned out to be three hundred and forty dozen eggs. It was such a long case they had to cut it in two to get it into the bomb bay. When we got it loaded he asked me if I would take half of it and I told him I would. So when we got back to that hospital I had some peace offerings for my long absence from the hospital. They were all happy. They were happier with the alcohol, but the Chinese cook was pleased about the eggs.

Did you get any supplies other than the alcohol and the eggs?

No. I'll take that back. I got a pretty good supply of surgical silk, several hemostats and needle holders and forceps, which we were short of. That was a good haul. There were no depots in the Italian area to get anything like that. Anyhow, they were all happy to see us back, especially Major Mahoney. I told him that he needed to come up to our quarters, that we would fix him a potion that would put his nerves at rest, temporarily. I thought his eyes were going to come out of his head when he saw that can of alcohol that we had up there. He wanted to know what we were going to do with it and how did we get it? I told him that we were going to use it to soak the thermometers.

He laughed and he said, "Why waste it on that?" We then had some enjoyable sessions and meetings in the hospital. Things were going quite well. We were getting a few Air Corps casualties, mainly frostbite, which we hadn't seen very much. I was able to treat some of these guys by giving them a low concentration of alcohol put in intravenous bottles. This was a much better pain reliever

for them than giving them morphine or codeine, which I think probably increased the spasms and cut down on their circulation. I've often wondered why this wasn't used more widely in the treatment of frostbite. It diverts some of the blood flow into the capillary circulation and, by warming the surrounding skin, probably gives some pain relief. The feeling is that diverting blood from the more direct circulation isn't contributing to the healing. But it worked real well for me. I didn't have to amputate fingers or toes on any of these people. Some of them lost some fingernails and things like that, but they all did pretty well. Even though the pilots and crew were exposed to severe temperatures at the altitudes they were flying, they weren't exposed for long periods. Things went along well for a short period.

A major blow arose when McMillan told me one morning that he had orders and was being transferred to the Second Auxiliary Surgical Group. He had been assigned to an outfit called the Eleventh Station Hospital. He didn't know who was there or even its exact location. It was a hard pill to swallow because he had really been a stabilizing force around the hospital. He was a capable surgeon and also a good thinker in solving knotty problems that the upper hierarchy seemed to make issues of. I had the feeling that it was going to be a long and unpleasant stay at that hospital without him.

SECOND AUXILIARY FIELD HOSPITAL, SURGICAL GROUP THIRTEEN, CASSINO

To my surprise, not more than three or four weeks later, I got orders that I was being transferred to the Second Auxiliary Surgical Group; I was to pack up and make arrangements to report to their headquarters just outside of Naples. I tried to find out if the

Eleventh Station Hospital was anywhere in this vicinity, but I was never able to do that. When these orders were finalized and the day came for me to leave, Mahoney met me in the hallway and he said, "Do you have any inkling of why you are being transferred?"

I said that I did not.

"Well, there have been rumors. I don't want to alarm you about this, but there are rumors flying around that before long there's going to be a big push out of the Anzio beachhead. Maybe that has something to do with it."

I passed that off by saying that we had been living on rumors ever since I had been in the hospital. And I wondered whether at this particular stage, with the blow that they had taken at Bari, and the active fighting that was going on around Cassino and the Monks Monastery, whether there might be some more activity in that area. I was flown by a courier plane out of our airfield in southern Italy up to an airport just outside of Naples. I got transportation from there over to the Second Auxiliary Surgical Headquarters, which was located in a little town about twenty-five miles out of Naples.

This was an interesting reunion because of several people who were members of the Second Auxiliary. John McDaniels had been one of my interns when I was assistant resident on the East Service. There was another classmate there, Hugh McCloud, who had gone into ophthalmology as a specialty. Another fellow there had been temporarily in the unit at Casablanca. There was a neural surgeon there named Klemper who had spent some time at the Sixth General, on an interim assignment. It was really a pretty jovial group, all in all.

They, likewise, were full of rumors. McDaniels especially talked to me at length. He wanted to know, had I asked for a transfer?

I said, "No, I had not."

He said, "Well, have you heard anything about what's really going on?"

I told him that I had heard a lot of the same rumors he had, and so far, they were all rumors.

He said, "Did you know that there was very intense fighting up on the Cassino front?"

I said, "Yes, I knew that." I said, "How long have you been with the Second Auxiliary?"

He said oh, he got there about four or five days ago. He had been transferred from a General Hospital Unit. He said that when they transferred him, they gave him the hint that there was going to be a big push. They didn't know exactly where. They were reinforcing some of the surgical units in preparation for that. It was kind of interesting.

I don't think I'd been there forty-eight hours before the commander, a fellow named Colonel Jim Forsee, who had organized the Second Auxiliary Group, called me to his office and said he was assigning me to a surgical team. "Do you mind being General Surgical Team Thirteen?"

I looked at him, smiled and said, "And if I minded, what would you do about it?"

"Well," he said, "I always feel badly about it. It bothers my conscience if I have to tell somebody they have to do something. If you were superstitious, you probably have grounds to refuse Number Thirteen."

I said I didn't believe in black cats crossing my path and that thirteen was just like fourteen to me, that it didn't bother me in the least.

"Well that's fine," he said. "You're going to go to the Eleventh Field Hospital which is up on the Cassino front."

I said, "Fine," and I asked him who was going to be my assistant? And what comprised the team?

He said, "You have an anaesthesiologist and a surgical assistant, a topnotch scrub nurse, and two medical technicians. Your scrub nurse is going to be Lieutenant Smith. Your top technician is going to be a Sergeant Seal, who is very well trained. Then you're going to have another assistant who's a corporal and he likewise is well trained. We're looking for an assistant for you."

So I said, "Will I know who it is before I leave?"

"Oh, yes," he said, "But get all your gear ready because you may be going out tomorrow or the next day."

And gosh, I thought things were really picking up and the wheels were really beginning to turn. Then I stopped and asked him how many teams were there going to be at Cassino.

"Right now," he said, "We're just assigning one team. This is an experiment."

"Well, gee," I said, "With all the casualties that they're having in that area, a field hospital right next to the front is not going to be able to handle too many casualties. You know you can operate around the clock once, but the second time around things really slow down. I hope that there are some avenues for evacuation in case we get swamped."

"Well, anyhow," he said, "We'll take care of those situations if and when they arise. Just be ready to go."

The following day about noontime he called me in and he said, "We've just had a change of personnel. Your scrub nurse is going to be a Lieutenant Huff. She was one of the senior scrub nurses from one of the large hospitals in Baltimore and is considered to be one of the really well qualified people. Your assistant is going to be a Captain McMillan."

I was really astounded for a minute. I said, "Do you know what his first name is?"

"Oh, yes," he said, "He comes from the Ninth Evacuation Hospital. His name is Hugh McMillan."

This was really music to my ears because I thought that when he left the hospital in Erchi that our paths were going to run in a really divergent direction. To get put back together that quick was really a miracle.

We scampered up there the following morning, early. It was a dusty, rough trip, probably about a hundred miles from where we were, in real mountainous country. When we arrived, there were two things that were really alarming: the hospital tents were mainly lying on the ground, and there was an artillery battalion that was putting in a gun emplacement not more than a hundred and fifty yards from where the boundary of our hospital was. And I thought, boy, this was going to cause trouble.

We put the tents up and got things organized. I decided that Hugh and I would set a good example, so we dug a couple of big trenches and put out cots in them so that we would be dug in, so to speak. We filled a lot of sand bags and ringed the top of the trench for further protection. One of the commanders from the artillery group came and looked the situation over.

"Oh," he said, "I am glad you preceded my advice. I was going to tell you that things could get pretty rough in this particular area, that the Germans had emplacements on all the mountain tops and that you really should dig your cots in. Or if you didn't do that you should dig some fox holes to get into because you can expect artillery fire every night."

I tried to talk to him about his gun emplacement but he said that was going along fine and they expected to have that finished in another day or two. The Americans had really been taking a beating in this area.

The Germans were ensconced in a large monastery on the top of hill. Apparently this thing was honeycombed with tunnels and it was impossible to do it any harm by trying to bomb it. And, of course, our artillery didn't phase them and our troops were mainly in a holding action.

Periodically the Germans would string ropes across the Rapido River, which formed kind of an elbow at the bottom of this hill. They would get a few people across but just on scouting operations. We had the feeling that things would be rather slow here because it was an impossible mission to try to cross that river in any force. We would have to scale a pretty steep, high hill where they were, as the old saying goes, in a position to shoot right down your throat. The Germans were pretty good. They could have wiped this hospital out. But we had a big red cross out there.

The thing that was really bothersome was that gun emplacement which couldn't have been more than a quarter of a mile from our operating hospital tent. I went down and talked to the colonel in charge and asked him if they couldn't move it a little bit. He smiled in the usual army way and wanted to know what for?

I said, "Well, if the Germans shoot at this gun emplacement, and I'm sure you know that they will, if they get a little bit off target, why, the hospital will get shot up."

"Well," he said, "You worry about running the hospital and we'll worry about the gun emplacement. We're putting in a 155 millimeter rifle. We've been spotting the gun emplacements that the Germans have up on top of the hill. We're going to give them a real surprise."

They went on and took about three or four days to get this thing built. We decided that we'd try to sweat it out. It was about three in

the afternoon, I guess, when these guys got the gun emplacement finished. They were planning on shooting later in the evening. The Germans must have been eyeing this by the minute. We heard a loud explosion. The Germans from the top of the hill, about four or five miles away, had put an eighty-eight millimeter shell right in the middle of the emplacement. They had a crew of twelve people who operated this 155 mm rifle and it killed eleven of the soldiers.

I wondered whether the twelfth one would make it. He was only about a quarter of a mile from the hospital and they didn't bother to put him in an ambulance, they just put him on a litter and brought him in. He had a severe belly wound and a compound fracture of the femur. We got him in, got him in shape and operated on him right away. This was probably the first major case of surgery that we had to do. In the previous session with the Air Corps personnel the wounds were mainly those that required the removal of foreign bodies and metallic fragments. But this was a real major problem. We had to resect a couple of segments of small intestine and do an anastomosis. Then the poor guy had several holes in his colon which, we were able to suture, but we finally wound up doing a colostomy on him. Of course, with the compound fracture, we debrided that and left the wounds open. We had to put in a spica, which is a large plaster cast that went from the lower part of his ribs clear out to the toes on the fractured leg and down to the knee on the good leg. And, of course, with the colostomy present, we had to cut out a window and protect the cast with a lot of thin rubber sheets that we had available. We knew that this was going to be a case for early evacuation to one of the facilities in Naples. We were only about one hundred fifteen or

one hundred twenty miles from Naples. As soon as he stabilized, in the course of forty-eight hours, we sent him along.

Were you getting very many other casualties during this time?

This was a slow area as far as we were concerned. That was really the only major case that we did in that particular hospital. I had on my surgical team Captain Hugh McMillan as assistant surgeon and Captain Haroldson as anaesthesiologist. We had a nurse named Miss Handamin, who was an excellent scrub nurse but she didn't like the type of surgery that we did. And I guess that none of the rest of us liked it, either, but it was one of those things we had to do. The enlisted man was a Tech Sergeant named Seal. There were four of us working on this cast. This guy Seal was really an artist at using plaster. After we got it all put on and we were about ready to wake the patient up, I got out the scalpels and the small saws and trimmed the edges of the cast. Seal was standing across the table and he shook his head a little bit.

I said, "What's the matter, Seal?"

"Captain," he said, "We work our hearts out to put this cast on. Now you're standing there cutting it all apart."

I explained to him what I was doing and why I had to make a window for the colostomy and the various points that it might rub. I said, "This fellow is going to be going to the General Hospital or one of the facilities in Naples soon. We'd be criticized if we didn't do these things."

That seemed to satisfy him but, generally, this was his complaint for the rest of the campaign.

Tell me, before you go on, about the physical layout.

We were the only team there. I guess the army is one of those institutions that runs mainly on rumors. The rumors were that we would get help in the realm of one or two more surgical teams if the conditions warranted it. We never did get any more help. And we didn't do any more surgical cases at that spot.

About two or three days after we evacuated this patient we were just twiddling our fingers trying to keep occupied. We were scared enough, seeing how accurate those Germans were with those eighty-eight millimeters, that none of us wanted to stray too far from the compound. Getting in a vehicle and going down the road was thought about several times but thought better of so we stuck around. A fellow named Pat White—he and his surgical team had been up at the Anzio beachhead—was relieved up there and came at dusk one evening. He had orders for our team to return to the Second Auxiliary Headquarters, that he would be the replacement. We had a nice visit with him.

And, of course, I knew and so did McMillan that our next mission would probably be an assignment to Anzio. We were full of questions, asking him and his associates what it was like at Anzio. He usually answered by shaking his head and then saying, "I really don't want to frighten you about the beachhead but I never had a comfortable moment all the time I was there. It's hard to describe. You think this is a scary place here but Anzio is a lot worse. They have about a six mile area along the beach and it extends maybe two miles inland to what's called the Mussolini Canal. They have soldiers on one side of Mussolini Canal and the Germans are on the other side. The rumors are that they have a good rapport and that they're not using any sniper activity. You'll see what it's like when you get up there."

I said, "Pat, what do you mean?"

He said, "Well, rumors are that the teams that have been there during the early beachhead days, and up to now, are all showing signs of fatigue. And so they'll be replaced with fresh teams. I'm sure that's why you're going back to headquarters." This was interesting and it gave us a lot of food for thought.

We were able to pack up rather hurriedly because we didn't have a lot of personal gear. We had a bed roll that contained sleeping gear and several odds and ends that you could stuff in that. Then we had a big sack like a large laundry bag, a little bit sturdier than the ones we have now-a-days, made out of heavy canvas. And that carried your clothes; we had a minimum amount. We had a musette bag that you carried over your shoulder; usually you'd have your shaving gear and writing paper in that. So we loaded it all on the vehicle. We took off as soon as it got good and dark and headed for the Second Auxiliary Headquarters.

Were troops all around you?

Oh yes, there were a lot of troops up on the front. We, of course, were driving under blackout conditions. The trucks all had those little cat eyes on the front of them. These drivers really had to be on the ball to get over some of those areas. It was hard to make an assessment of how many troops were in the area, but I had the feeling they hadn't sent any new ones in two or three weeks. When we arrived at headquarters, it was real late in the evening. They had a makeshift area for the surgical teams. It was a covered building that was like a barracks building, nothing fancy about it. They had folding cots in the area. There were eighteen or twenty of us in this one large room with cots around. There was

a small bathroom at one end. Well, they had a few uncomfortable chairs to sit in and a few makeshift tables that you could use either for playing cards or writing letters. We went in and made up our beds and went to sleep. We knew that the headquarters building would only be staffed with enlisted personnel, so we decided we'd wait until the next day to go in and report.

Colonel Forsee, who was the commanding officer, and the second on the surgical team, greeted us like a bunch of long lost friends. He made us feel that he was real glad to see us, right off talking about the fact that he'd been to the Anzio beachhead and that people were really doing some marvelous surgical cases. He repeated the theme that it was almost like a residency in a large hospital in the states because you saw a varied selection of cases. When he paused for a little while, I had the feeling that he was open for questions.

"Colonel," I said, "you know we've all had excellent surgical training in the states. I don't think any of us are real anxious to be doing major cases in a tent hospital. I am just going to speak for myself, but I don't think I need any more of that kind of experience."

He was crestfallen. He thought that his buildup would really have enticed us to say, "Oh boy, when do we leave and when do we get up there to really do some interesting cases?" Anyhow we spent a rather miserable waiting period there at headquarters because you were confined to the area. He was a little bit like our General Hospital colonel had been; he made you feel like he didn't want you to get out of earshot because you might be ordered to go somewhere in a hurry. So, again, it was just one of those waiting games where you'd be listening to all the rumors.

There was a lot more activity in that particular area because the Germans were carrying out periodic air raids on the Naples

harbor. You could hear the artillery shells and the bombs when they exploded. We were probably twenty-five miles out of Naples but you knew that there was a war going on. Although we weren't actively involved in it, we would periodically hear about casualties. We would discuss among ourselves how soon we thought the word was going to come. We were just sitting and waiting.

Anzio

Anyhow, after about three or four days of waiting around, the colonel sent a message over for me to report to his headquarters. He told me the scrub nurse that he had assigned to us had been very unhappy with the assignment. He was going to give me another nurse whose name was Miss Smith. He thought that she would be a good person on our team—not quite as serious as this Miss Handamin had been. And he said, “I thought I'd call you over and tell you that. The remainder of your team will be intact. How do you feel about going to Anzio?”

I looked at him and I said, “Colonel, I'm going to be perfectly frank with you. I'm going to give you a straight forward answer. I'm not anxious to go to Anzio.”

Again, he gave me the pitch about all the major cases that I would be doing up there.

I paused for a little bit and then I said, “Well, Colonel, I was fortunate in that I finished my training before I was activated. I'm sure that our team will be ready and able to take care of any of the cases we're assigned.” But I said, “In the meantime, my answer is still the same. I don't relish the thought of doing all these major cases under gun fire. What you're asking me is, am I anxious to go? And my answer is still no.”

He said, “That will be all. Think it over.”

I went on back to headquarters and, of course, Mac and Haroldson were all ears. They wanted to know, did we get orders?

“No, but they will probably be along before long.” I said, “He was hinting and painting a bright picture of the beachhead. I think what he would like for me to do is to jump up with a big smile and say, ‘Colonel, I'll be happy to volunteer to go to Anzio.’ I don't know about you guys, but I learned early in the game that you didn't volunteer to do anything in the army. If they give you orders, you have to do it, but don't stick your neck out. I'm not going to.”

The following day, again the messenger came over and said the Colonel wanted to see me. And so I went over. This day he said, “We have had a consultation with our head nurse, and the scrub nurse assigned to your surgical team has refused to go to Anzio. We are assigning you another nurse. This is going to be a crackerjack nurse who got her training at one of the large hospitals in Baltimore. And she was an operating room supervisor. I assigned her to you.”

This was three nurses in a short period of time, and the thought went through my head that I should tell him that I had changed my mind, that I didn't want to go to Anzio either. He finally came right out and asked me if I would volunteer to go to Anzio. I didn't pause, “Colonel,” I said, “I have a statement that I can make to you. I learned this about the second day that I was inducted in the army, and I haven't found anything that would make me change my mind. The answer is that I will not volunteer. If you write the orders, I'll have to go, but I've learned that you should never volunteer to do anything in the army.”

Well, he put on a sister act then and said that I was putting all the responsibility on his shoulders. That if anything happened to any of us that it would just be a lot easier on his

mind that we volunteered. He said, "What do you think?"

I said, "The answer is still the same." I said that I was sure that he had gotten his rank as a full Colonel because he had broad shoulders and he could take the responsibility. I said I was only a captain and I was not going to volunteer. So he let me go again.

The following day he sent for me. "You haven't made it easy for me," he said. "You're going to go to Anzio as soon as we can get up a component of teams and decide who we are going to relieve on the beachhead."

I nodded and saluted and left. I guess the feeling among all of us was that we now know what's going to happen so we can go back to headquarters and continue the waiting game and listen to all the rumors. This is about how it went. Finally, on Saturday, April 29, the colonel told us that we were going to go to Anzio, that we were going to leave that night. The arrangements were that Haroldson and I and the enlisted men would go on an LST. I remembered the ride across the Mediterranean on an LST and wondered whether it was going to make a complete revolution from side to side if we got into a squall going across the sea. The reason for the LST was that they would be able to get close enough to the beach so we could walk right off the end of the ramp and not even get our shoes wet. This, I guess, we were told as an enticement. But I still wasn't happy about going to Anzio with all the stories that we had heard about it.

The colonel also said that Mac was going to go on a hospital ship, that he would accompany the contingent of nurses that were going up. There were several other officers who were going to go on the hospital ship. And he said that they would arrive sometime the following day.

It was interesting. We had an uneventful trip. We sailed most of the night. We were

not that far away from Anzio; I think it was seventy-five miles from Naples harbor. We arrived in broad daylight, which gave me kind of a knot in the stomach. I thought that if those Krauts could shoot as well on this front as they did on the Cassino front, this LST would be a good target. We got out in the bright sunshine and went ashore. It was such a beautiful day with blue water and blue sky, that it seemed like a great day for a picnic.

But that wasn't what we were there for. We were assigned to the Thirty-Eighth Evacuation Hospital which was about a five hundred bed hospital. The surgeon in command, a Lieutenant Colonel Sanger, was, to put it mildly, a pretty stuffy individual. He let you know that he was in command and that you weren't to do anything without his OK. He then took us around on the wards and showed us all the cases that he, personally, had operated on which were rather major cases. I'm sure that he was careful to show us only the ones that were doing well and carefully avoided the ones that had any complications, which I guess is a common action of doctors in general. I remembered my adviser at medical school who, when he told me about vascular cases, had laughed a little bit, "Everybody talks about their good results. They don't like to talk about the complicated cases that aren't doing well."

We weren't there long until Sanger asked me if I would help him on a chest case. I'm sure he knew that I had thoracic surgery training at the MGH and he would see what kind of techniques we used. I did what I was supposed to do. I was a good assistant and I did not offer any comments about how we would have done it in a different way. I praised him for having done an excellent job; and he did; he did a real good job. He was from the medical school in Charlottesville. He was well trained and he was a competent guy.

And he knew his stuff. He just had a difficult personality.

The next day about, oh I guess it was about mid-morning, the hospital ship arrived with McMillan and the rest of the nurses and some of the other team heads from the Second Aux. We went out and met them. Mac asked me if there had been any action at Anzio. I told him that Sunday night, on the day of our arrival, they had a real good air raid. I wasn't sure what they had bombed but people around said there had been a lot of new holes put in their tents, so I guess they were dropping fragmentation bombs, mainly on the troops. They also fired two or three rounds from the big railroad gun that they had hidden in the tunnel up on the high ground. That got your attention. According to some of the people who had been there for a while, it was not a major raid, it was more or less a harassment type operation.

A German propaganda broadcast was put on every morning by two people that called themselves Sally and George. We always liked to listen to them because we could get more information listening to them than from the data that was put out at the hospital. I remember their description of the Anzio Beachhead on this particular day. They said, "This was the most ideal and best German prison camp that the Germans had. The American soldiers are neat; they police the area; they provide their own food; they take care of their own sick and wounded; and we don't have to oversee them very much because they have no place to go. If they try to get out on the ocean they're vulnerable to air craft fire. They are well rimmed in on all sides by German troops and German artillery. And so the Germans have nothing to worry about." That summed it up about as accurately as anyone could.

It was a mystery to me why the Germans didn't make an all out raid and wipe out the beachhead. It became obvious after a short while that the Americans were building up a strong army. They were putting in a lot of artillery. You were conscious of the fact that there were new troops arriving every night. You could tell this by seeing the different kinds of vehicles that were passing on the roads. It was quite obvious that it was just going to be a waiting game until they felt they had enough fire power and troops to maintain a sustained attack; one day this was going to happen.

How deep was the beachhead by this time?

It was the same, about six miles long and about two miles wide, up to the edge of the Mussolini Canal.

Was there fighting going on all the time?

Oh, just air raids and artillery fire. I'm sure that they were shooting at areas along the edge of the beach. There was a town maybe seven to ten miles north of Anzio, a beautiful little seacoast town called Netuno, made up of apartments and shops for vacation goers. They really did a pretty good job of shooting that town up. I guess their feeling was that the Americans were sneaking reinforcements into this area, but actually, they weren't. Most of the casualties came from the front lines and they weren't really all that bad. The fighting had pretty much slowed down during this build up period.

I'm sure you remember the story that I recited in medical school about the medical student in our class named Ranson whose father had written the text book of neurology that we used. He was the one who threw the fit one day in the class and threw his Zeiss

binocular microscope out through a big plate glass window. I remember Duffy Lewis shaking his head, going down and picking up the microscope, saying that there had to be something wrong with him to treat an instrument this valuable in that manner. Well, we often wondered what had happened to Ranson. He apparently had transferred from Harvard Medical School and had gone to Western Reserve. He appeared on the Anzio Beachhead as a consultant in psychiatry. We all had a good laugh about that because this confirmed Duffy Lewis's appraisal that there must be something wrong with the guy. He had an area all his own where he was trying to console the shell shocked troops. The report about him was good; they felt that he was doing a good job. He had to be doing a good job or they would have closed his operation down. He tried to treat Americans and also German captives.

Periodically we got some German wounded. My first exposure to a patient with gas gangrene was a German prisoner that we got in and debrided and took care of. The guy made the grade alright.

The activity picked up considerably. I guess there had been some rather extensive scouting operations and man to man skirmishes, people feeling out what the German resistance on the Mussolini Canal was like.

We did a considerable amount of major surgery. We did several abdominal cases. Colonel Sanger came down and watched me do the first one where I went through the chest and then closed a big hole in the stomach and took out a spleen, which is really an easy operation. I was able to explore the entire extent of the small bowel through this incision. He was satisfied. He said that he had wondered how thoroughly you could explore something like that through the

diaphragm, and was pleased that we had done a good job.

A few days after he had come in and observed this, we got a rather serious wound. I asked for his advice on this particular case. It was, I think, an infantry captain who had been hit by sniper fire. He had a severed femoral artery and a compound fracture of the femur and was in a real precarious state of shock when he came in. We got him all squared around and got into the operating room. I explored this wound and debrided his compound fracture; then I sent for Colonel Sanger. He came up. He seemed pleased that we would seek his advice. He agreed that the only thing that we could do was to ligate the vessel, which put the poor guy's leg in real jeopardy, but we did save his life and we got him in good shape. I asked Colonel Sanger if he felt a lumbar sympathectomy might help this guy's chances of salvaging his leg. He said he didn't know too much about sympathectomy but he would get Bill Pitts to come in and consult on the guy.

When we were in Vanderbilt Hall, Bill Pitts lived in the dormitory. He had gone on to become a neurosurgeon. He was a friendly guy and a very capable individual. He came up, saw this person, and said that he couldn't make very many comments about the peripheral circulation because he was a neurosurgeon. He went back and discussed the case with Colonel Sanger. The three of us met at the bedside and talked things over with the patient. The consensus of opinion was that we should try the lumbar sympathectomy. The next decision was who was going to do the lumbar sympathectomy. Was it going to be Dr. Pitts or was I going to do it? The Colonel asked him, "Bill, why don't you do the sympathectomy on this individual?"

Bill Pitts got a smile on his face and said, "Cantlon has done a lot of these. He learned to do them under Reginald Smithwick's tutelage. I would much rather have him do it because I've never done one except through the abdominal route." And he said, "He can do it through the flank. I'll stand by and make sure that the lumbar sympathetic trunk is removed. Let's go at it that way." So we did.

I went back and talked to the captain, told him that this wasn't going to add to his discomfort all that much because we weren't going to disturb his abdominal cavity at all. All three of us felt that this might well save his leg, which was in a pretty precarious state. He said fine, for us to go ahead. He said that he was happy to be alive and guessed that if he lost his leg that it would not be as bad losing his life, which he thought he had done when he got shot.

We proceeded and the sympathectomy was a real tough one to do because of the swelling and the trauma of the tissues that had occurred with the rifle shot and the severed artery. Anyhow, we tried to maintain our topmost composure. I finally isolated the sympathetic trunk and then I told Bill Pitts, "I'm sure that you know that Dr. Smithwick always used to say that he tried to preserve the first lumbar ganglion because if you took it out on both sides you would cause impotency. This guy told me to go ahead and do whatever we thought was indicated." I said, "If you agree, I'm going to take out the first ganglion and also take the second and third."

Pitts said, "Fine. Go ahead. If I were in his boots I'd want you to do that. His combat days are over, anyhow, so let's do what we can to salvage his leg." He was satisfied with the specimen and took it down and had their pathologist look at it and embed it for sectioning so that there would be no question about the fact that he had a complete removal

of the sympathetic trunk. And it worked. The patient's leg seemed to warm up and he was satisfied with it.

I don't know what happened to this guy because he was evacuated to one of the general hospitals in Naples. When I tried to trace him there, I was unsuccessful. They had kept him only a few days and then sent him back to the states for further definitive treatment. Whether further definitive treatment was elective lower leg amputation I don't know. I'm sure that taking out the first lumbar ganglion gave his leg excellent circulation and that if he needed an amputation the operation would be below the knee.

Would you do that procedure now in the same circumstances?

Yes, I think I would. It's still a rather controversial topic and I'm not sure that it's one that you could get complete agreement on from the vascular surgeons. The thing that impressed me about a later experience with vascular surgery was that, under civilian conditions, you can replace things. This would have been an excellent case to repair with a vein graft or possibly with one of the synthetic grafts. But this was not anything that you could do in a tent hospital in a traumatic case. You'd have to more or less leave the wounds open and then close them secondarily. The vascular surgeons here in Reno usually do sympathectomy after they've put their graft in. So I would have to answer in the affirmative and say that I think it's a very worthwhile procedure.

We used to see a lot of consultants on the Anzio Beachhead. We saw a lot more of them, of course, after we broke through. Old Henry Beecher, who had been the professor and head of the anaesthesia department at the General, was over in Naples. There also

was a fellow named Charlie Burnett, who was an excellent internist and hematologist. We also had a medical resident, a fellow named Gene Sullivan, who ran the Fifteenth Medical Laboratory in Naples, who had spent seven or eight years in residencies at the General. Dr. Sweet, one time when he saw Sullivan on the ward, said, "He's been around here long enough that he should be changing the white suit to a civilian suit."

But we were kept abreast on various people. John Stewart was the head of one of the big station hospitals in the Naples area. Word came along that Langdon Parsons had been transferred out of the General hospital and he, likewise, was head of a station hospital. So was Grantley Taylor, who was one of the excellent surgeons. We used to get word about all of them and about their approximate locations. This kept the ball rolling.

I have to stop for a minute and tell a little story about our colonel. Somebody flew him up to the beachhead in a Piper Cub, or in one of the small single engine planes. He came over and looked us up. We had worked all night and were trying to get some sleep, but we all woke up and visited with him. He was glad to see us all intact and he wanted to know how we were doing. We said that we were doing fine; that everybody was healthy. He said, "Are you scared?"

Haroldson answered for us. I thought he was going to jump up out of bed and give a speech, but he just leaned up on his elbows and said, "Colonel, we're scared! And anybody who's on this beachhead who says he isn't scared, he is just either crazy or found some excuse for not telling the truth. All you gotta do is be around here during the night and you'll find out what we're scared of."

Then the colonel, I guess to be scientific, said it really wasn't that bad because the statistics showed that the chances of a medical

officer being wounded were something like one in seventy-five compared to the rest of the personnel.

Haroldson sure didn't take that one lying down. He said, "Yeah, Colonel, but if you're that one, that's one hundred percent for you."

The colonel said, "Well, I'll let you people get some rest. We'll see you at dinner time." So that we did.

We had a dinner with him that night in the station hospital mess. He took us to task because he had come in with his helmet on and left it on while he was eating. He wanted to know where our helmets were. We told him they were back in the quarters. He said, "Well, you're supposed to wear those."

We said, "Colonel, the hazardous activity doesn't start here until about seven o'clock. When you hear that railroad gun shoot, look at your watch. If it's not seven o'clock then you adjust it for seven, because that's the time they usually start these raids. Then we put our helmets on."

Anyhow, he ate a hasty supper and got the heck out of there and went back to, probably, the greatest dug-in tent I had ever been in. We thought we'd wait until the air raid got going and then we'd go over and visit him to badger him a little bit. McMillan walked into the tent and found the colonel lying prone on his cot with his hands up over his head and behind all these sand bags. Mac went in, caught him by the ankle, said, "Are you Colonel Forsee?" And he scared the colonel to death, you know.

The colonel raised up and really gave us a lecture about the fact that we shouldn't be out walking around with an air raid and artillery fire going on. We said we had gotten used to it. He left at daybreak the following morning without saying goodbye or anything else. He didn't even wait for breakfast. I guess he got the idea of why we were scared, because we never saw him on the beachhead again. I think

he got a baptism under fire. He spent the rest of his time taking care of the book work in his headquarters.

The rumors started to fly. It was on the sixth of June, that they started the big invasion across the English Channel where they established the Normandy beachhead. The rumors were that it wouldn't be long before they would start the push out of the Anzio beachhead. We were conscious of that because we saw elements of the Third, the Forty-Fifth and the Thirty-Sixth Divisions making their appearance in larger numbers. We weren't even conscious of the fact that they had launched the attack. They came in with a wave of paratroopers from the air fields around Naples, and did some good saturation bombing. Then the infantry and artillery and the whole bunch of them just took off in a massive raid. We had some heavy casualties for a few days, most of them from artillery shell fragments. We had several disk problems from guys running over land mines.

The orders came not long after, that the troops had made a very successful breakthrough and that the Germans were just in full retreat. What they were trying to do was to see if they could cut off the troops that had been on the Cassino front. But I guess the German intelligence was right on the ball because they evacuated that front en masse and they went right on up the road and got away. Then the war became more of a running game than a fighting one. We were told not long after the breakthrough that we would be getting orders to move. The troops by that time were approaching Rome and the Germans were just making a steady retreat.

TO ROME AND NAPLES

This is midsummer of 1944. We, of course, were quite interested in the landing up in

Normandy. We would listen to the radio for news. The strategy that they had used on Anzio, establishing the beachhead and then reinforcing it, was a real coup as far as the American forces were concerned because they had the Germans on the run. The Germans pulled out of Cassino and Rome and tried to make a stand just outside of Florence. But by that time the bad weather had started to come in. We were told that the strength of the German army had been pretty much broken, and the outcome of the war had been pretty well decided. The Normandy troops were making headway and so were the troops in the Italian theater. But then, of course, they had the problem of the Alps to contend with.

We moved about every other day from one bivouac area to another. Finally, we got word that the Sixth General Hospital had been loaded up and they were going to be set up in Rome. Sure enough, they used the same routes that were used to land at the Anzio Beachhead, and probably the same types of landing craft and then the liberty ships. They were moved by ground transportation to a big General hospital that the Germans had been using in Rome. I remember in reading Claude Welch's book that one of the problems with the hospital in Rome was that there weren't enough bathrooms in the hospital to support the complement. But the Italian workmen took care of that pretty quick.

We didn't set up another operating hospital. We visited the people at the General and had tours of Rome. There were all kinds of people from McMillan's former unit, the Ninth Evacuation Hospital. They were set up on the outskirts of Rome and weren't busy. As soon as the Sixth General Hospital was in operation, they were pretty much sending their casualties there. We kept hearing the rumor that we would be transferred back to the Second Auxiliary Headquarters in Naples.

You were in Rome within a few days after it fell?

Well, we were right on the outskirts of Rome. We never really set up a hospital because there was just a great German retreat going on. Other than automobile accidents or stuff like that, there weren't a lot of war casualties. Most of the outfits had set up headquarters around Rome. I bumped into a fellow that I had trained with from the Boston Lying In Hospital, a guy named Dan Hindman who was with the artillery clearing company. We saw the Mussolini Monument and the big amphitheater over there in Rome.

We had ample transportation so that we saw most of the sights around the Rome area. We had hoped that we could get back and see the areas down below Naples and around Capri, but that was kind of a long drive to take from where we were. We had the feeling that, maybe, we were going to miss this area. Then one day we heard a rumor that the Germans had infiltrated France pretty thoroughly. That although they were retreating from the beachhead, they were going to make a big stand in that area. I remember that one of the areas that was talked about a lot was Strasbourg. And then, sure enough, we got orders one day to return to headquarters back at Naples. We were flown down there and the vehicles came overland. We were told that they had assembled a new army. We had been supporting, pretty much, the Fifth Army under the command of General Mark Clark. They assembled another one, the Seventh Army under the command of General Patch.

They said that we were going to be sent to the staging area. The staging area was a real unattractive place, a large, dry, dusty, expansive olive orchard. I remember that I told somebody that this soil was not unlike the soil on the Black Rock Desert. There was a lot of clay and that kind of material.

Meanwhile we got word that the Ninth Evacuation Hospital, which was McMillan's old unit, had been set up just outside of Naples. We used to go over there and meet with them and enjoy their company and use their transportation. Of course, we had to report to headquarters every day and let them know where we were. The colonel didn't seem to think too badly of this. Of course, he was comfortably set up, but he let everybody else fend for themselves. Although we made a semblance of a camp by putting up cots under the olive trees and getting water and leaving it in our helmets, we were much more comfortable when we were in a building like the people at the Ninth Evac.

One day we got the word that Colonel Berry, who was the commanding officer of the Ninth Evacuation Hospital and just a prince of a fellow and a very competent surgeon and a good administrator, had been named the surgeon for the Seventh Army. We thought, well, it's not going to be too long now before we get the word that we're going to make an assault on southern France. This was the rumor that was flying around. Sure enough, the colonel called us into headquarters and gave us the word that they were going to make an amphibious landing. It was going to be on the southern French coast, and although he knew right where it was going to be he said it was classified information and that he wasn't at liberty to tell us.

He said, "You'll be getting on a liberty ship in Naples harbor. You'll be escorted by the battleship *Texas* and also the battleship *Missouri*. This is going to be a big armada. It's not going to be a minor undertaking. They feel that they are going to find heavy resistance."

We were given orders and loaded on this liberty ship. We left Naples harbor early in the evening so that we would be well on the way and at the beachhead by about daybreak. This

was a real experience. I never realized how high over the water the deck of the ship was until we got the word that they were throwing the nets over the side of the ship and that we were going to descend that way into the landing craft and be put on the beach.

About daybreak the darndest barrage that you ever wanted to hear was unleashed on the whole town, which was located probably equal distance between Cannes and Marseilles. That battleship *Missouri* was parallel with the beach and it had those gun batteries pointed inland. I was startled by the cruiser fire but I had my movie camera with me and I wanted to see if I could get a picture of these heavy guns going off. I was standing on some kind of a little shelf with my camera outside the porthole, which was absolutely against all regulations because they said that this was supposed to be a blackout operation. But, heck, it was daylight now and I thought that if the Germans don't know we're here they're soon going to find it out quicker than any of us could tell them. I was leaning out the porthole and this battleship fired a salvo and I swear I almost dropped my camera when it did. The shock wave was terrific. But I am sure I got some good pictures.

The harbor and the sea coast was just a swarm of every type of vessel that you could ever imagine. They gave us the word that they were ready for us to go ashore, so over the deck we went and down that net. I found out that the thing you did to make it a little bit easier on your nerves, was not to look down at the water when you're coming down the net. We were picked up by a bobbing little flat boat that was jumping around like a jumping jack. Some of the guys described it as like a cork in the water. The thought went through your mind: were you coming down in the right direction for them to get on the right boat? But anyhow we did and nobody fell off

of the net. We didn't have any casualties that way.

When we got on the boat there was a little sailor and I'll eat my hat if he was any more than eighteen years old. I asked him how much water we had to wade through when we got to the beach. He said, "Don't worry about it. I'll put you right up."

I said, "Well, I'll lower that ramp."

"Run off real fast," he said, "Because we're afraid of sniper fire and we want to get that ramp back up so we can hide behind it."

I told everybody, "Run off real fast." We would have absorbed the sniper fire if there had been any.

The sailor was true to his word, he ran that craft right up on the shore and lowered that thing and said, "Goodbye and good luck!" We all bade him goodbye and took off.

We were directed to a resort type hotel, which was not more than half a mile off the beach. We went over and took a look at it and found that one of those salvos had torn out a whole corner of the building, practically from top to bottom. There were some infantry and artillery officers around who said, "Well, I know you guys are curious to see what this is. We've all been inside and it's safe. Walk on through. You'll see where the saying came from that war is hell. This was a beautiful hotel. Look at it now."

It was kind of a shambles. McMillan got into a closet on our way through the hotel and it was full of clean bath towels and face towels and wash rags. He got a set for me and a set for himself and we walked on through.

The motorized part of our convoy had finally been put aground and they were on the road. We went over and got into the various vehicles and said, "Well, where do we go now?"

Seal was driving the truck and he turned around and looked at me. He always had a

smile on his face. "I don't know captain. They told me, just follow the convoy."

We fell in line and forty or fifty miles inland they told us that we were to stop and set the kitchen up for an evening meal. We had one casualty brought to the hospital. He was a good looking young guy attired in paratrooper gear. He said he had sprained his ankle when he hit the ground. He said, "I don't know what happened; probably stepped on a rock or something. It's not that bad."

I let McMillan doctor him. The trooper finally talked McMillan out of taking his boot off. He said, "You're not going to be able to see anything. I've got it laced up real tight." He said, "I remembered being on a fishing trip one time with some surgeons from the Mayo Clinic. One of the guys slipped off an icy log and sprained an ankle. The rest of them came up and told him, 'For God's sakes don't take your boot off. Lace it up tighter and walk on it.' That's what I intend to do."

So we fed him supper. Then we were told to dismantle the kitchen and move on a ways further. We went a long way into France before we ever set up an operating hospital. France was a great country to fight a war in because it had beautiful scenery and verdant pastures. Almost anywhere that you wanted to stop, there always seemed to be running water and a nice meadow which made an excellent place to camp. We went along and camped in two or three of those places.

This is in September 1944, right?

Yes. This had been a fast journey across southern France but when we arrived on the outskirts of Epinal, the German resistance had picked up considerably. We were told to set up our field hospital. The area had nice round rolling hills with meadows, a lot of grass and a lot of water, and was a pleasant place to set

up a field hospital or a pleasant place to be generally. The hospital was set up in jig time. To me, it seemed it was in kind of a precarious position because there was a main artery not more than three or four hundred yards to one side of the hospital which was carrying supplies to our forces. A good share of our casualties, previous to this, had come from strafings and explosions that had occurred down this highway.

Our first casualty, as we were finishing the set up of this field hospital, occurred in one of our own technicians. This man was moving five or six large oxygen tanks over to the hospital, to the operating and shock ward tents, and somehow one of these tanks rolled off the little conveyance. It was not very high off the ground. As he was pushing it, the darn thing exploded. Why, no one will ever know because it was not on rocky ground. It was more like it had just slipped off the end of this cart and landed on somebody's real fresh lawn. It went with a bang. It was a gruesome accident that severed this poor guy's legs off just at the upper third of both thighs. I'm sure the guy was dead when this happened, because of the concussion and all. But it was sure a sorry way to start the day off with a new move and a new set up.

Not long after this happened, the casualties started to arrive. This gave us little time to think about the tragedy; it sure took our minds off what had happened. We had to go right to work. Epinal was not too far away from a stronghold the Germans occupied on a little bit of higher ground. We were, at that time, supporting the Third and the Forty-Fifth and Thirty-Sixth Divisions. They had been mainstays throughout the war in both Africa and Italy and now were at it again at this place. Everybody will remember this as the area where the Japanese Americans trained divisions that were attached to the

Thirty-Sixth Division. I mention this because of the fact that the Japanese people had been, I thought, rather harshly treated when they were put in concentration camps. Maybe this was a necessary precautionary maneuver, but so many of these families were local people here in Reno and Sparks. I had grown up with several and their fathers and families had worked for my dad at the Sparks shops.

Finally, the troops made their barnstorming tour, crossed the river and outflanked the high ground that the Germans were on and opened up a stalemate. To have people of Japanese descent join our other forces in heated battle and be the ones who broke this stalemate was, I thought, a real feather in our cap and in their cap. And, of course, it helped us out, too, but you always had the feeling that, at least, they had vindicated themselves in showing that they were really truly loyal Americans. It took a long time for the higher ups to come to this conclusion. But it sure helped us out of a stalemate.

Was this the same group that fought in Italy?

That was the same outfit. Of course casualties were heavy during this onslaught and we were kept quite busy. We were making several trips to the nearby station hospitals. I had several conferences with Roy Cohn and members of his group at the Fifty-Ninth Evacuation Hospital. It seemed to me that each time I went down I was asking Roy Cohn or Frank Gerbode or somebody else in that group if they would please keep an eye out for such-and- such a person that had been moved on because he had been severely wounded and a lot of time had been spent on him and he was doing well up to that time. We were turning over a prize patient to them with the hopes that they would continue and get him well and get him back to some useful life later

on. Fortunately, a great many of these people, we learned later on, had done real well and had been evacuated to the states.

One of these people who, after he got back to the states, was grateful enough to write a letter back and let us know that he had made it. I didn't really realize how badly wounded this patient was until reviewing some of my notes. The poor guy had several severe wounds in his neck, which caused a lot of hemorrhage, and had both thoracic cavities wounded. He had to have a thoraco-abdominal approach on his left side and in addition, he had several wounds in his lower extremities. One of them was severe enough that he had to have a partial amputation of the lower leg at a later date. But anyhow he was grateful enough to take the time to sit down and write a letter and show his appreciation and the fact that he was now back in the states and very grateful for the good treatment that he had gotten.

Our field hospital was set up atop a grassy knoll where we had a good view and we also had plenty of room to stretch our hospital cross out where it could easily be seen. The Germans were real good about it. I can remember vividly, even now, a German fighter pilot flying fifty or sixty feet off the ground right over the hospital and dipping his wings, giving a smile and a little wave as he went by in a Messerschmitt. I had the fearful feeling that some joker somewhere along the way might take a shot at him as several of the enlisted men had arms. But fortunately this never happened. I think the same guy flew over us about four mornings in a row. Each time he was gracious and would dip his wings a little bit and smile and give a little wave. He was close enough that you could really see all these things.

On the fourth trip that he made over the hospital, however, about half or three quarters

of an hour after he went over, he must have joined another group that spotted one of our large convoys that was traveling down this road. I guess this was one of the evidences of our overconfidence or maybe carelessness because they used to do this at night. And this day, for some reason or other, they sent this big convoy over in daylight and they paid dearly for it. About six Messerschmitts strafed that convoy from one end to another. We got several casualties out of that deal. The comments from some of these wounded were that this shouldn't have happened; somehow their orders were changed and they were told to move the convoy by daylight. They went ahead but it apparently was poor judgment to do it.

We stayed three or more weeks in this one spot and got to know the area quite well. We were probably only about a mile from the center of Epinal, which was a pleasant town. When we had slack time, we used to walk into town and look over all the shops. Our anaesthesiologist had purchased a velour hat which he was going to send back to his wife. We all were of the opinion that she probably was not going to like it as well as he did, but we held our tongues and made no comments about it.

One of the highlights while we were there was that Colonel Churchill came along with Harry Beecher, who was the anaesthesia consultant, and Colonel Frank Berry, the commanding officer of the Ninth Evacuation Hospital, which was the unit that Hugh McMillan had gone overseas with. They liked the area. We set them up and tried to show them as much as we could. Colonel Berry was so impressed with some of the work that our surgical teams had been doing that he invited Lieutenant General Beaver. Colonel Berry asked me to take the general on rounds and to try to explain to him in terms that he might

understand better than the ones that Colonel Berry and Colonel Churchill had been using. We had a delightful tour of about half an hour or forty-five minutes. It was a real pleasure to have somebody of that stature take the time to make the rounds with you and compliment you at the end of it.

Another highlight was that during their stay Colonel Berry and Colonel Churchill had requested a photographer from the Seventh Army Headquarters. He hung around for a couple of days and then finally took a movie of an operation that the surgical team had done. I have memories of exposing organs that had been severely wounded and I'm sure that it would be a worthwhile movie to see, but I never did see the finished product. Both Colonel Berry and Colonel Churchill promised that they would come with a copy of it at some later date, but I guess these things get waylaid and I never saw it.

One afternoon when things were quiet Colonel Churchill showed up and asked if I would take him on a personalized tour of the wards. It was a pleasure. Having been trained by him and having a close association with him for a long time, I felt that he was depending on me to come clean and not leave any ghosts in the closet that we weren't talking about or omit any bad news that we were trying to cover up. I assured him that he would see everything and that we would talk freely, that if he had any problems or questions to come forth with them and that I would give an honest answer, whatever he wanted to know. He was quite pleased with the way things were going. Although I was not the person in charge of the surgical service, he asked me to convey his feelings that he was real satisfied with what we were doing, and to keep up the good work.

Harry Beecher was the professor of anaesthesia at the General who had come

along and was there at the same time. I remember one heated argument he had with one of the majors at the hospital. He was a fellow named Fred Jarvis, who was from the Seattle area. They argued for a long time about how soon wounded patients should be operated upon. I remember that my own conclusion was that the argument would never be settled. No matter who thought that their approach was correct, it wasn't going to change things.

Did the department of surgery have any guidelines?

They must have had an official statement. There were rules and regulations regarding the principles to be followed. We always felt that a lot of these rules had to have been written for the inexperienced people. I never had any qualms about referring to a set of army regulations to help me to make a judgment about what should or shouldn't be done.

A good example of why you had to have these rules concerned wounds of the large bowel. The directive said that wounds of the large bowel should be exteriorized. But when you interpret it, it doesn't mean that you should do a colostomy ahead of any wounds around the colon. I had to show Colonel Churchill, at a later date, a case that had five colostomies. The surgeon who did it said that he had followed the army regulations. Well this is why you have to have those types of things. But I was kind of aghast at this and Colonel Churchill was too. But he merely smiled and said, "Well, I guess that's why we have to provide guidelines. Sometimes it doesn't work."

What was your chain of command?

Well, we were first after the collecting companies and the clearing stations, which

were at battle line level. The way it went, was that we usually had three or four surgical teams at one of these field hospitals. It was, often, within twenty minutes to half an hour between the time a patient came out of the battlefield until he arrived in our shock ward. We oftentimes would move them right on to an evacuation hospital like the Fifty-Ninth, which was the one we were closest to, or else to one of the station hospitals, which was larger and a more permanent facility. For instance, if the person had flesh wounds or a gunshot wound through an extremity that looked viable and there was not a gaping compound fracture or something like that. Or the patient had good vital signs and had not lost a lot of blood. We would keep only the people who were in shock or were severely wounded. If they had signs that they had intra-abdominal injury and would be better treated sooner, rather than bouncing them over a rough road for maybe a half or three quarters of an hour or something like that to get them back to another facility, we kept them. This decision often was made by the person who was in charge of the shock ward. If there was anything bad about a case, why, he would consult with the highest command surgeon on duty. These decisions were routine and no real arguments ever arose about the decision.

One time we transferred four or five people that we had operated on and who were doing well. I was going to take them down to the Fifty-Ninth Evac. It was real amusing. Everybody got into the ambulance, and, of course, they were on litters stacked two high on each side and one in the middle. I was sitting on a little cushioned stool at the head of this patient in the middle. When we started to move out, I don't think we had gone twenty yards when they all started complaining about the rough ride that they were getting. I said,

"Be calm and be quiet. We're just crossing the field to get over onto the highway." This calmed them for a few minutes.

When we got on the highway the roar went up again. They said, "Captain, tell the driver to get back onto the field; that was not as bad as this highway!" But I guess it was kind of typical of the American soldier who is on his way to feeling well.

I remember having a nice visit with Roy Cohn and Frank Gerbode on that trip. One of the patients was a fellow who had a severed popliteal artery that I had to tie off. I did a lumbar sympathectomy on him. Frank Gerbode, was an excellent vascular surgeon. I asked him would he please keep a close eye on him and make sure that he didn't develop some complication that was going to cause him trouble because of the insufficiency of circulation on his leg. He promised he would.

About that time Roy Cohn came up and said, "How come you guys send us all the crappy cases. Why don't you send us something good for a change?"

This was more or less the kind of gripe that you might expect from a more stable unit than an acute unit. We had to evacuate these people because it was not unusual for us to accumulate twenty or thirty severely wounded people and you had to have room to take care of them. As people got along, two or three days after their surgery, why, we moved them as fast as we could to have plenty of room for the severely wounded.

Was there less fighting by now?

It was beginning to thin out. After the Nisei Units bridged that gap things started to move quite rapidly. We were getting along into the fall. I think that the push was really on because we made a lot of moves after we left Epinal.

I want to recount one amusing incident. Colonel Churchill and Harry Beecher were there and we were just moving out of the shock ward into one of the holding wards when we heard a lot of ruckus outside. We looked over and gee, here was a perimeter tent with flames coming out of the top of it over in the nurses area. It was quite obvious to me that the whole top of the tent was on fire. I was always armed with a good pocket knife and I tore across this area in a hurry and climbed up the side of this tent and got my pocket knife and cut five or six inches below where this flame was. I cut out this section of canvas and tossed it off on the ground, and then slid down and went over and joined Beecher and Colonel Churchill.

Dr. Churchill gave me a real good lecture about the fact that this was a dramatic thing and it worked, but he said, "You are too valuable a man to risk slipping off a tent and breaking something or getting your hands burned. If anything like this happens, send the messenger over and tell him to take care of it. And don't you be risking your welfare to take care of something like that." He said, "And besides where did you get that instrument that you dissected that tent so quickly with?"

I told him the old adage that the two most useless things in life were an empty shotgun and a dull pocket knife. That seemed to take care of the issue. He wasn't very impressed with the feat. But at dinner a couple of nights later, one of the nurses made a little speech and said that they were presenting me the silver star for taking care of the flaming tent. So I guess somebody appreciated it.

Well, what started it burning?

Apparently, when it was put up, the fly of the tent was not anchored well and it came in contact with the chimney, and

that's what started it. These tents, we found out afterwards, were all supposed to be fireproof. Actually, they were treated with a fire retardant material and it didn't guarantee that they wouldn't burn.

As the front moved forward we got orders to leave Epinal and follow. We had two or three set ups where we didn't work a great deal. I remember running into a figure in the medical corps who was working at one of the clearing stations at divisional headquarters. His name was Dan Hindman and he had been an intern at the Boston Lying In Hospital at the same time I served as intern there. It was great to have him in the area. He came to visit us on several occasions and also invited several of our group up to his headquarters. We had an exchange of meals and of social entertainment, which I think we all appreciated.

Also, I found out that nearby was a man that I had known at Harvard Medical School. He had been a member of the Sixth General Hospital Unit and later became a real well-known internist in Boston. His name was Dan Ellis and we had several visits back and forth with Dan and some of his cohorts. These were interesting contacts because they often came about by the moves that we made.

About the time we started to move, the Battle of the Bulge was forthcoming. I think everybody remembers the plea that the German commander made to the commander of the American Tank Force when he went down and told him that he was surrounded and that he wanted to surrender his tank corps. His envoy had gone back to the German commander and told him that the American commander wanted a short term to assess his position, and if they would return in five or ten minutes, he would give them the answer. When the envoy returned for the answer from McAuliffe, who was the commander of this

Army Tank Corps, his answer to the German commander was, "Nuts!" And from then on he bore the nickname of Nuts McAuliffe.

We were off to the east of them, probably about fifty miles, in the area of Nancy. As we were moving along, another real amusing incident happened. We were told to set up our field hospital platoon in a hospital in Strasbourg. We were told that the British air force had pounded the city of Strasbourg with four hundred bombers two days before; the city now was under American command and we were to set up shop there. This was a nifty hospital, probably the most elaborate set up we had been exposed to in our travels across the country. We were inside and the operating rooms were tiled. We didn't have to sleep on cots; we had hospital beds to sleep on. Things were kind of moving so we had one good comfortable night with a good hot shower and food served in a dining room, and the next day we were told to move forward.

We moved another fifty or sixty miles. We set up a temporary station. There had been a long dry spell and this was a dusty, windy and most unpleasant area. When we got to this camp we were just filthy dirty. McMillan came over, and in his plaintive way said, "Gee, Cantlon, do you remember that good shower we had at that hospital in Strasbourg?"

I said I did.

"Do you think you could get the truck and we could go back down and have another shower and get rid of all this dust?"

That didn't pose much of a problem. The truck had been unloaded and most of the gear was just on the ground. We had just set up temporary quarters. So I said, "Sure, we can go."

He and I took off in this two and half ton six-wheeler and headed back to Strasbourg. As we drove in to the back part of the hospital, it suddenly dawned on me that the

majority of the vehicles in the hospital yard all had swastikas on them. McMillan didn't pay it much attention. I don't think he even noticed it to begin with. We jumped out of the truck and marched in and we found that the nurses were all in German dress. McMillan in his jolly and bold way just went up and made some gestures to the nurse, rubbing his hands together and doing the drying maneuver, asking for a towel. We went in and had a wonderful shower, put on some clean clothes.

We went out and got in the truck, backed out and drove on down the highway, probably about thirty miles, and turned off on a back road which was to take us back where we had come from. And about the time we got into a rather hilly wooded area, we suddenly were given the command, "Halt!" A colored soldier with field glasses and a helmet came up to the truck and stuck a Tommy Gun inside and gave us the word again, "Halt, who goes there?" This was kind of frightening but we were glad that it was an American soldier and not a German one.

McMillan casually reached up and got a hold of the barrel of this Tommy Gun and pushed it up toward the top of the cab in the truck. He said, "Alabama, you make me nervous pointing that Tommy Gun in here."

The soldier said, "Captain, you had better give me the pass word. You're in trouble."

McMillan thought a little bit and said, "Pass word? Boy, what are you talking about?"

He said, "Well, you're an officer but you had better give me the pass word."

We had no idea what pass word he was talking about. We hadn't been cued in on that. McMillan said, "Poke."

This guy looked at him and he said, "Poke? What do you mean poke?"

McMillan said, "Alabama, I say poke and you say chops."

A big grin came over this colored boy's face and he said, "Pork chops are good enough for me, Captain. Pass on!"

So we drove down the road about another half mile and found that we were facing a ring of tank destroyer battalions. We were stopped again and it turned out that a classmate of McMillan's, that he had seen on Anzio, was the commander of the tank destroyer battalion. So we went in and had a visit with him.

When he heard what we had done, why he shook his head and said, "You damn fools! Didn't anybody tell you that the Germans captured Strasbourg the minute we pulled out? You are lucky you aren't German prisoners."

Then he wanted to know, did they shoot at us along the route that we had taken. And we said, "No, they hadn't. Why?"

He said that he had sent a Jeep on recon earlier in the morning and that they had destroyed the Jeep with an eighty-eight shell. So this made you wonder what risks idiots will sometimes take for a shower. But we had a good laugh about it and then went back to our temporary camp. I think when we got back there, we were about as dirty as we had been when we left. But, anyhow, it was a pleasing experience to be able to think back on.

We were on the eastern coast of France going up along the Rhone River. Things would go in spurts at first. We would set up hospitals and then get orders to move without really having done any serious cases. The major move that we made after the episode of going back to Strasbourg to take the shower and miraculously avoiding capture by the German troops was that we set up the field hospital in a little town called Ramberville. This again was a nice green rolling hill pasture site, which was quite common in France as we've mentioned before. The thing about this set up was that it was the start of the fall rains. It was always

pelting down rain. It seemed like rain was coming down by the bucketful. It reminded me of one of my dad's favorite sayings. When a real good rain storm came along he referred to it as "raining pitchforks and hammer handles". I guess, for Nevada, it would have been a real gully washer.

The interesting thing about this camp was that we were not far from the Baccarat Crystal Factory. During the bombing, the whole factory was laid completely low. Some of the advance guard had gotten over and were lucky enough to find some intact pieces of crystal. But when we got there, the closest thing that I found intact or useful was a water goblet with the base knocked off. This was really a work of art. I imagine if you were to try to buy one now in any of the stores that handle them, you'd be in the range, probably, of around two hundred dollars a piece. I carried this glass along in my musette bag. It was good because you could stick the base of it in the soft grass and it wouldn't tip over. That was a long way from setting it on a linen tablecloth with the base on it. But anyhow, it made a valuable addition and was better to make drinks in than the old army tin cup.

Why did they bomb a crystal factory?

I imagine they were bombing anything where German concentrations were, and this was one of the victims. Needless to say, this was too bad, because bombing the crystal factory really didn't prove anything in the war effort. Another factory that we heard about that had been bombed, although we didn't get to see it, was the Zeiss Optical headquarters, which took a real shellacking.

The German troops were retreating at a pretty rapid pace and you would periodically get the feeling that there was soon to be an end in sight. We tried to suppress those thoughts because every time we did, why, there would

be another area of resistance and we'd get flooded with heavy casualties for a day or two. That was a solid reminder that it wasn't over. I guess Yogi Berra put it a good way when he said that games weren't over until they were over. That was about the same with this contest we were in.

We were getting closer to the concentrated headquarters. The move following our trip from Ramberville, we were told to set up a hospital. This turned out to be a complete tent hospital, which we thought we had graduated from, in a sea of mud. We had to put down wooden planks in some places to get from one tent to another to take care of patients. It was pretty unpleasant.

We started getting a lot of German casualties, which again was a sign that they were retreating and leaving their casualties to be taken care of by somebody else. We were operating with two surgical teams because one of the guys, a fellow named Fred Jarvis, complained of not feeling well and having a cold. He was a past master at ducking duty whenever he could with the slightest viable excuse. I remember that I had worked two twenty-four hour shifts in a row. I felt that if we had a heavy list of casualties that we were going to probably work for another twelve hours and then have to close the hospital. Following my shift, instead of going to bed, I asked McMillan and an anaesthesiologist, Dr. Haroldson, to make rounds and take care of the patients. I got the ambulance driver to drive me over to the French Second Auxiliary Headquarters. My purpose in going over there was that we needed help. Although we had sent word along on several occasions, nobody paid any attention to us. I went over to see the Lieutenant Colonel Jim Sullivan, who was the commander of the Forward Second Auxiliary Headquarters and talk to him about our plight. I told him what I thought.

He said, "Well, what do you want me to do?"

I said, "Well, we need some help. We're not too far from Paris. The European Theater Offices are there and I know Colonel Elliott Cutler."

He looked at me in a vague way, "I wouldn't have the faintest idea of how to get in touch with Paris from here."

I said, "Well, today you're in luck because on the way I stopped and conferred with one of the engineering battalions and got all this information. I can give you the code numbers and the various routes to take to get in touch with them."

He disgustedly said, "Well, if you think you can get through, why don't you try to put in a call?"

This was great. I did just what this colonel at the engineering battalion had told me and called the various code numbers and got through to the attending surgeon's office on the first try. And as a matter of fact, Elliott Cutler himself answered the telephone. When he answered and wanted to know who was calling and I told him who, he came back with the most remarkable reply. "Oh my God, I remember you! You were the intern who flunked the examination for surgical house officer at the Brigham Hospital. What can I do for you?"

I told him of our plight and where we were. I said that we needed a couple of surgical teams. I knew that they had a lot of vital medical personnel in Paris because I had a good friend who was in the Forty-Eighth General Hospital there and he said that they had all kinds of people coming down and wanting to do things in a hospital.

So Elliott Cutler—I could hear him tapping the desk with his pencil—said, "Well, two surgical teams aren't going to do you any good. Why don't I send you out a

good component. I'll have five teams at your hospital by evening."

He asked me what we were close to and did they have any sort of landing strip in the vicinity. Anyhow, he finally chuckled a little bit and said, "I don't know why I'm asking you about air strips and airplane travel. It sounds like you had your hands full with casualties. Don't worry about it—I'll get them down there!"

This was amazing because he did. He sent us a shock team, two surgical teams, and an orthopedic team. When I got back to that field hospital platoon it was pouring rain. These guys who had been sent down were real opportunists. They had been used to living in dry quarters and probably in good barracks or maybe in hotels in Paris. Instead of putting up any tents for headquarters, they went over and occupied our tent. I remember when I got back, dead tired, about seven o'clock that evening, I had to scrounge around and get some left overs for dinner. Then I had in mind to go over and go to bed. Who should I find but one of the new guys.

So I woke him up and told him I was sorry to be rude about it, but I said, "I haven't had any sleep for almost forty-eight hours. You guys have been sent down here to go to work. Why don't you get up and get dressed and I'll show you where the operating tent is. And you can get started."

Anyhow, our help problem was solved. I remember one of the guys who was kind of a comedian. He was a fellow who obviously had some part of his training at Kings County Hospital because he spoke in the real jargon. I was examining a German prisoner to see if he was OK for anaesthesia and he took a throat stick and rather roughly put it in his mouth. Doctors and dentists alike will put either their fingers or a throat stick or some instrument in your mouth and then ask you a question that

you can't possibly answer. This guy's favorite, as I found out whenever he was treating Germans, was to put this throat stick in their mouth and then tell them to say, "Aachen." Aachen later proved to be one of the towns that gave them a lot of resistance in their exit in the Battle of the Bulge.

Strangely enough, after we got all this help, the weather cleared up and I guess everybody was able to retreat a little faster and the work load slowed down. We again started our series of moves and putting up a hospital, not having any casualties, and then being told to move to another area where a similar situation would take place. And nobody was doing very much and the teams that had been sent down from Paris were grumbling about the fact that they didn't like the field hospital set up. They complained enough that one day Sullivan came down to visit us. He asked us if we thought we could get along with our three teams and let the others go because they were putting a burden on the field hospital platoon in the way of meals and rations and supplies, whatever that meant.

I guess it was just a ploy to have a yes or no answer. I told him that, as far as we were concerned, I now knew how to get a hold of the European's Surgical Office and if we got in a bind again I was sure I could call on Colonel Cutler for help. So I said, "Fine, why don't you let them go?"

Colonel Berry and Colonel Sullivan came and paid us a visit one day. They told us that they had a list of people who felt they should be relieved of duty and be allowed to go back to the states for a rest. These were three teams in the Second Aux. I remember that one of them was a fellow named Fishwick, who was an excellent surgeon. Another was an equally capable fellow who had really done yeoman's work. The third guy was head of a chest team who, later I found out, was a very prominent

chest surgeon in the Los Angeles area. They sent these people on their way.

Strangely enough they picked my head surgical technician, Sergeant Seal, who was just as capable as any of the operating nurses were. As a matter of fact, many times it was easier to operate with him than it was to put up with the whimsies of some of the nurses who, I guess like the rest of us, were getting a little bit tired of the whole deal and were griping and grouching about how things were going. He was sent home on a forty day leave to the United States. This came as kind of a blow, but I didn't realize how much of a blow until we were told to move the field hospital to another area.

I found out that the private first class who was on our team, a fellow named Hannah, didn't know how to drive. That left me to be the chauffeur of a two and a half ton truck. And driving it with a complete load of field hospital equipment down some of those roads left me a little bit aghast. When I first took the wheel I thought well, what the heck? If some of the other guys could drive these vehicles I don't see why I can't. So we went ahead and made the move. I sure missed him, though, because he was one of the best guys to get people organized and to set up a pyramidal tent, and also some of the big hospital tents. He really could do a good job.

Well, anyhow, you miss people like that for a short time and then finally find that nobody is indispensable. It may be inconvenient for a while but you make do with what you can. We were soon given a replacement who proved to be a real good person as far as handling the truck and the tent detail. He was not a good operating room technician. We oftentimes had to ask for assistance from some of the other teams' personnel if we got real busy in the operating room. For some reason or other we were minus a nurse.

The fact that things were moving along in good time came to us one day when the head nurse from the Second Aux Headquarters came down and said that they were issuing passes to go to Paris. And she sent our scrub nurse, a young lady who had been with us since our first trip to the Anzio Beach Head. And she sent two nurses from the platoon, which left us short handed in a pinch. But things seemed to have quieted down.

We were getting into the area where we were closer to larger installations. If we got stuck with a case that seemed like it was going to pressure us, we could always treat their shock and evacuate them. We had a chap who had a severe chest wound and a large shell fragment lodged in his lung. I got involved in a rather lengthy argument with Fred Jarvis, who was the senior member of our three teams. He felt that we should just sit on the guy and treat his shock. He came up with a new term, that I'm sure he manufactured on the instant, and that was to get the patient equilibrated. We talked about equilibration, much to his annoyance, for weeks afterwards. But anyhow, I didn't want to press the point. I knew that the man was in good physical condition. He had plenty of blood to use but when Jarvis was so adamant about evacuating him, I said, "Fine. We'll take him down to the Fifty-ninth Evac."

When we got down there I talked with Roy Cohn about him. He said, "Well, he's in good shape. Do you want to operate on him down here?"

I said, "No, I want you to operate on him. I'll stick around and watch you."

He said, "Well, this is a good case. You usually don't send us anything like this."

I briefly told him about the differences of opinion.

"Well," he said, "This happens, sometimes, when people get the idea that it's easier to duck a case than it is to do it. But don't let him scare

you. You were one hundred percent right that he should have been operated on. We'll go ahead and do it."

The guy did perfectly well. I think he lost part of a lobe but that really was minimal.

The nurses who had gone to Paris had plus and minus reports about their leave—their so-called rest and recreation. They said that they had not been put up in very comfortable quarters and that the food was not as good as they had expected. They complained about the fact that there weren't many objects to buy in the shops around Paris. I had given my scrub nurse some money and asked her to pick up some perfume and, if she could, a decorative doll. She did get some perfume and a doll for me which I sent home for Christmas presents. Although they did have well-known labels on them, I often wondered about the quality of the objects. When I got home both Tick and Louise had used their perfume and felt that it was quite satisfactory. We had the doll in safekeeping around here for a long time and finally were able to pass it on to my daughter, Mary Ellen, who had a lot of fun making new dresses for it.

We finally moved from the tent situation into a real good setup in a little town called Pfälzburg, which was in German territory. We occupied a large building that had previously been a schoolhouse. Maybe I shouldn't say schoolhouse. It was a fairly large complex and it was in a good brick building. It obviously had been used as a hospital by the Germans because it was really a good functioning unit. We weren't terribly busy there but this, again, was sporadic and maybe it was a lull before the storm. We were moving along quite well as far as the reports went from the fighting front. Then, much to our surprise, we did get a load of casualties.

One of the tragedies that I bumped into at that hospital, was that we were sent a large

supply of a solution called Alsever's Solution. Alsever's Solution was somebody's pipe dream over here in the states who had taken blood and electrolytes and mixed them up in glucose and saline. Somehow, the bill was sold to the Surgeon General and also to the overseas commanders. We had a direct order to use this solution in place of blood. Well, it was one of those deals where we had learned by experience that you could not treat severe shock and blood loss in any very satisfactory way except by blood replacement.

I had quite a hot argument with a consulting colonel who came down. I told him that I thought this was a solution that could probably be used in one of the more stable institutions but not in a forward hospital like ours. He got really hot under the collar about it and finally gave me a direct order to use this solution. If I did not obey this order I would be subject to court martial. I thought this over for a little while and had several answers to present to the consultant but I fortunately held my tongue.

We ran into a situation where we got three heavily wounded soldiers. They needed blood. I decided that whether he had given me a direct order or not, I wasn't going to follow it. I used blood instead of the Alsever's Solution. The following day he returned to the hospital.

He found out about this so he gave me a good stern lecture. "I've already gotten the ward technician to start some of this Alsever's Solution on the post operative patients."

Well, this was a real kick in the teeth as far as I was concerned, because I knew that he was going to be in the area for about forty-eight hours and then depart for England. But unfortunately this isn't what happened. One of the cases that he had this technician start the solution on died of anaphylactic shock within twenty minutes after he had gotten

this solution. The second one went into shock, also, and died about five hours later.

Fortunately, I heard about the first one having this anaphylactic shock, so I beat it down to the ward and discontinued the solution on the third guy, who hadn't gotten too much of it. Then I put in a call for this consultant. And, of course, he was somewhere else in the area inspecting hospitals. He said he would be back to find out what our complaint was. Meanwhile, fortunately, I kept the three bottles of solution and before anybody could do anything further with them, I commandeered an ambulance and I took them down to the Fifteenth Medical Laboratory which was only about thirty miles from us.

I got them down there. I kept record of the numbers and all for our own records. The fellow in command happened to be a fellow named Gene Sullivan. I didn't even know he was in the area. He had been a medical resident and was an expert in laboratory diagnosis at the General. He listened to all this and then said, "Why did you use it in the first place? This kind of setup doesn't make any sense to me and I can see why you wouldn't want to use it. But, the thing that I wonder is, knowing you, why did you let anybody (as he put it) cram this down your throat?"

I merely looked at him and I said, "Gene, in the army, if he has silver eagles on his shoulders and you are a captain, why you are defeated before you start. You probably know that."

Well, the long and short of this story was that he called me the next day and he said, "If you have any more of that solution, stash it away and don't use it. All three of these bottles were heavily contaminated with staph and strep. We'll have to do further tests on it to find out if there has been any breakdown in some of the blood components that were mixed with the high concentrations of

electrolytes. My first reaction, when I made a slide of this blood, was that most of the red cells were crenated."

This means that the blood cells had a shriveled appearance under the microscope. This is what caused him to question whether some of the electrolytes might have been too concentrated to mix with blood. Needless to say, there was a great bombshell dropped in the whole area about this solution. The next person who came over to visit was Colonel Churchill. He had heard about my fracas with the consultant from England. He also had heard about my trip to the Fiftieth Medical Lab with these solutions. He also said that taking this kind of action wasn't going to sit well with some of the higher ups in command. He said that I had done the right thing, but he questioned my tactics.

This was the first time that I ever spoke up to Colonel Churchill. He had always been and continued to be my ideal, and one of the smartest guys that I have ever been associated with. I merely looked at him and said, "Colonel, when I was your resident at the Massachusetts General Hospital, you gave me an order one day. You gave me permission to, in effect, not carry out the order if I disagreed with a higher up about a decision which might well concern a patient's life. That I was not to carry out the order, that I was merely to say that I disagreed with this, and that if they still insisted that it be done, for them to do it." I said, "I didn't want to be held to this. I had remembered this and that is why I felt that I was on solid ground in refusing to carry out this colonel's orders."

He finally got a kind of a silly grin on his face. "Well, you know, sometimes things in the army don't go the same way as they do in civilian life," and he looked at me quizzically.

I said, "Yes, I've heard all of the axioms about a right way and a wrong way and the

army way. Anyhow, this is my stand and if I get summoned for court-martial, it might be a real good thing. Maybe I'll get sent home."

He laughed, "You probably wouldn't be that lucky. Although I can see that the long absence from home is beginning to tell on you. It is beginning to tell on a lot of people."

He made a lot of gestures about the fact that he wanted me to keep my cool and to be polite to the superiors and to continue to do the kind of work that we had been doing. And he said to not worry too much about it.

I said, "Well, it's going to take a long time to get over the fact that, through somebody's whimsy, two perfectly good soldiers lost their lives." Had it not been for refusing the consultant's order in not removing the third infusion, it probably would have been three out of three instead of two out of three. But I said, "If they will just get this abominable solution out of our hair, that'll be satisfaction enough for me."

He said, "If this will make you feel any better, I have been by the Fifteenth Medical Laboratory and I've already issued an edict that no more of this solution is to be used. Whatever solution arrives here is to be kept in the store house and be kept out of the hospital units until we can get a better handle on what has caused some of these problems."

This story might end right here by saying "Amen!" That was the last I ever heard of Alsever's Solution.

It just disappeared?

Yes, and rightly so because that was a bad idea to start with. With winter approaching, the bad weather and snow and rain and mud tended to bog things down. We were pretty much at a standstill as far as getting many casualties. There wasn't much fighting going on. We all went to a Christmas party

at the Second Auxiliary Surgical Group's Headquarters, which was probably about fifteen or twenty miles away from where we had been stationed. We were in a pretty good, brick building at the time, which was good as far as not having to put up with winter in canvas tents and putting up an operating tent with all the problems of warming it. Things were rather slow. We would get occasional civilian casualties which were real minor. Sometimes we would put on a cast for a fractured ankle or something like that, and send them on their way. Otherwise, we oftentimes would send them on to neighboring station hospitals.

There was beginning to be a lot of talk at the Christmas party about the fact that the war was fast coming to an end. I was always skeptical of that kind of an assessment from people in the lower echelons and more so of medical personnel opinions. Whenever I heard someone make that kind of a statement, that seemed to alert in me a suspicion that this was merely the calm before the storm, and that's usually what it turned out to be. When we moved from our place there in Pfälzburg, it was mainly moving in quick jumps and setting up tent hospitals and moving from one place to another without doing a lot of work, but always with the thought that the Germans were far from licked and that one day they would retaliate and get going in full force again, although the predictions were that their manufacturing facilities had been pretty much bombed out. The Americans were trying to ferret out their fuel and ammunition stores. We went on, pretty well routinely, with moves here and there from one field hospital to another.

One kind of momentous happenstance was when the Forty-Fifth Division, which we had been with for most of the time through the fighting in Italy and France and now into

Germany, was replaced by another division. The Forty-Fifth was sent into a bivouac area, getting ready to ship back to the states. I guess this was a product of rotation of forces after they had put in a certain period of time. One new division that came over, that we had in Italy, was going to show us how to win the war in a hurry. They had done a miserable job and had to be extricated from a few, I guess, errors in judgment on the commander's sides. We were skeptical that this might happen with this new division, although it never materialized. When did you say Roosevelt died—in April?

I think April 16 or so.

This was one of the startling occasions, when we received the news that he had passed on. I guess from his various meetings with Churchill and Stalin throughout the war that there was a lot of talk and skepticism about what might happen. I had the feeling that despite all the criticism of Harry Truman, who took the reins over, that things might move a little bit more quickly and with less diplomacy than it had in the past. It sure turned out, in the long run, to have been a good guess.

The fighting went on. One of the moves that we made we crossed the Rhine River, and that was really one of the goals in the trek to get to Berlin. I was kind of disappointed, in the excitement of crossing the Rhine and actually seeing the area surrounding the crossing, that it was not as devastated as it had been touted to be.

We went on without a great deal of actual resistance. One day the commander of our Second Auxiliary Headquarters in Germany came down and told us that two or three of the surgical teams had been retired and that the chiefs of these teams were soon going to be deployed to the States. There was more

evidence of a surplus of medical personnel in support. The fighting front was narrowing down. All the installations were coming closer.

Shortly after that on March 19 I was promoted to Major which was a good deal. But the next blow came when I was notified that my first assistant throughout the whole campaign, Captain Hugh McMillan, was to be given charge of a surgical team. This was followed by another low blow when the technician on the surgical team was also given a forty-five day leave, so-called temporary duty, where he was going to go back to the States on a furlough.

On one of the moves I had to drive the two and half ton truck, which was loaded down with all the hospital operating equipment and our gear. We were told to make a long move of about fifty-five miles. When we got there, we were told by the people in the area that we were too close to an operating air field, and we were turned around and sent back to where we had come from.

It was one of those times where somebody had gotten their wires crossed. Obviously you didn't want to set up a hospital right next to an operating air field because, (a) the noise of the airplanes moving back and forth, and (b) that was one of the areas that the Germans would attack if they mustered any strength.

We had always had close contact and communication with an ordnance company. A fellow named Jim Pead was captain and the operations officer of this ordnance company. He kept telling me that he was going to get us a Jeep so that we could travel around a little bit more conveniently and travel back and forth to neighboring hospitals. Grantley Taylor, who had been a Major in the Sixth General, was at that time promoted to a Lieutenant Colonel and was chief of surgery at the Ninety-Fifth Evacuation Hospital. I

wanted to get down there and I was hoping that Pead's promises would come true because it was awkward trying to go anywhere in a two-and-a-half-ton truck for a short visit. Also, the truck was often on alert for possible moves. This thing finally happened and it was a momentous occasion.

We got the Jeep in the early part of April. It was a Jeep that had been written off as lost in combat. But actually it wasn't that badly beaten up and it ran pretty well for two or three weeks and then started to cough and wheeze. We knew that something bad was wrong with it. So we got hold of the ordnance company and they took it in on a Monday morning. The guy who looked at it was obviously a pretty good mechanic. He said it had a cracked block and needed a new engine. I guess he figured we were pretty important people because he said he would have it ready for us on Wednesday which, for the army, was almost unheard of. And that put us back in business.

We then moved on, rather rapidly, through the latter part of March and April without any real complications. I went one day to the field hospital where McMillan had been sent. He insisted that I stay and scrub with him. He had a German prisoner who had a right upper quadrant wound, which probably had been inflicted by a .50 caliber machine gun, and quite a few other wounds. He was timid about what he might find. I gotta say that his intuition was pretty good. Some of my intuition must have rubbed off on him because he was really correct in this one. The guy had a torn duodenum right in the region of the common duct entrance, and also a laceration of the vena cava right close by. He kept insisting that I do the operation.

I said, "Mac, You've seen enough of these that all you need to do is to go ahead and do it. I'll help you by coaching if I think you need it."

He had forgotten that I had shown him how to pick up the edges of a large vessel with Allyce forceps and then put in a running silk stitch of the finest material that we had available, which usually was number 4-0 silk. These worked very well. I remember his remarks when we finished, "I'll remember this from now on."

An infantry officer came into the hospital about five o'clock one morning and woke me up. He wanted to know if I had a two-and-a-half-ton truck available. I assured him that we did. He said, "Then follow me. We have just run onto one of the largest wine cellars I've ever seen."

I got McMillan up and both of us skipped breakfast. This establishment was two stories above ground and the cellar portion must have had six or seven levels below ground. Unfortunately, we couldn't use the elevator because the power had been knocked out. But we walked down and I never saw such a pile of bottles of wine in all my life. This fellow had been in there before so he knew where to take us to get the vintage stuff, although on a lot of bottles the labels hadn't been put on. I think we got about a hundred bottles of vintage wine and champagne out of this cellar and brought it back to our field hospital set-up and covered it over with a large canvas.

This was great because it was good barter material. I needed some tires for my Jeep so I went down and made a deal with one of the ordnance officers. I said I'd give him fifty bottles of wine for a set of tires.

He scratched his head a little bit and said, "Well, Major, you need the tires and I was going to give you those anyway. But I'll take the wine, too." He had those tires on in nothing flat.

I got him about fifty bottles of wine and I saw to it that he had some good stuff. He decided he would try some right on the spot.

He said, "You don't have any other vehicles that need new tires, do you? I would like to get some more wine."

We got notice that we had to move again, so as we were loading up I took the Jeep, rode back to this guy's headquarters, told him that we had to leave and that we had probably another seventy-five or eighty bottles of wine that had been added to our collection by other people who had come by, and for him to come by and pick up the whole thing. So we moved on.

I remember another incident. We were alerted by one of the infantry officers that they had found two barges that were loaded with brandy and other fine wines. If we would follow him down he would show us where it was. I remember walking across a plank. I don't know how deep this canal was but it had to be pretty deep to float one of those barges. I was coming back, I had two cases of Five Star Hennessey Brandy, one under each arm and when the water got up about ankle deep on the plank I decided to let go of one of them.

This is along somewhere in March or April of 1945?

Yes.

Were you aware that the Russians were making inroads into Germany, also?

Yes, we were, but we did not have any contact with them from our side. We were quite leery about some of the news reports that we got about their advance and about their hearty welcome by the Allied troops. One of the commanders who came in to see some of his casualties said that he felt that too much trust was being given the Russians, and that we were going to suffer for all this later on. But when he looked at us quizzically

after this statement we did the right thing by not commenting, because we certainly didn't know anything about it.

RETURN TO CASERTA, ITALY

One day our commanding officer from Second Auxiliary Headquarters came to visit. He wanted to know if he could talk to me personally for a brief spell. I had half an inkling of what this might be about. He started off by giving me a long speech about how grateful he was for all the good work that I had done, and for the many hours of working around the clock, when he should have been more cognizant of the fact that our efficiency was markedly hampered when we had to work such long hours. I was of the mind to make a comment that I had made a couple of trips to his headquarters to see if he could get us some help, and he wasn't all that interested at the time. But, at least, he did show some comprehension, even though it was long in coming, that we had done these things.

Finally I got a little bit impatient and I said, "Jim, I have a feeling that you are beating around the bush to tell me something, and we are not getting there very fast."

He said, "Well, I wanted to alert you that Colonel Churchill had made a request that you be transferred back to our Mediterranean Theater and to the Mediterranean Headquarters at Caserta."

And, gee, I had the feeling that things were going pretty well and that it looked like the war was fast coming to an end. I had in mind, that with this Jeep, I might be able to see some of the sights around Wurzburg and Regensburg and places.

But he said, "Well, I thought that I would alert you that this request had been made. I'll let you know more about it later on."

And so we went merrily on our way. He had really put a bug in my bonnet. I thought, heck, after being pretty much my own boss and running this surgical team, and often times being in command of the teams of a field hospital unit, that it was going to be a pretty big letdown to go back to headquarters where you had to dress in a necktie to go to dinner and things like that. But anyhow, on May 2, he came with the news that I had been requested to return to Caserta. I was to dispose of my charge of hospital instruments and all other property, and put my bedroll in shape for travel. And so we had two or three days of short parties and goodbyes to the various people around. I went down and told Grantley Taylor about it. His comment was, "Well, tell Pete hello for me."

The trip back was interesting. I was flown in an L-5 to a railroad station along the way. While I was there, I bumped into a fellow named Gene Scadron, who had been an assistant resident at the Boston Lying-In when I interned there in 1939. He was a comical little guy. He had thick glasses, the kind often referred to as Coke bottle glasses. He was running around. He said he was too busy to visit. "You better go get on that train because I've been trying to get it out of here for the last two hours and it might leave without you." We went on the train from there to Paris.

On the train, I was asked by a colonel if I had ever been to Paris before. I told him I had and he said, "Well, I never have been and would you help me get to the Ritz Hotel in Paris?"

The couple of times we had been in the Ritz Hotel when we had visited Paris on a furlough, we had been told in no uncertain terms that this was a colonel and general's hotel and that field grade officers were not welcome. So it was with great glee that I said I would be glad to see that he got to the Ritz

Hotel if, in payment, he would invite me to breakfast when we got there.

And he said, "It's a deal."

When we got into the terminal at Paris, I went over and commandeered a fancy automobile. With his Bell Pack and musette bag in the back and my bedroll and Bell Pack thrown on top, we headed off for the Ritz Hotel. And sure enough, when we were in the dining room eating breakfast, which was a real treat with linen tablecloths and napkins and the fancy tableware, the maitre d' came to tell me that I was a field grade officer and that I was not eligible to eat in the Ritz Hotel. I looked quizzically at the colonel and gave him a nod and the colonel turned around and said, "He's my aide and he is my guest at the hotel."

We went ahead and finished breakfast. The colonel was in seventh heaven. He had gotten into the high rent district. He bade me a fond farewell and told me that I was welcome to use his vehicle to take me to the airport, where I was going to pick up a plane to fly to Naples and to the Caserta area. I thanked him very much. The thing I refrained from telling him was that, even if he hadn't offered the car, I had intended to commandeer it and get a ride to the airport.

This was quite a transition. I arrived in Caserta and got a command car at the airport to take me out to the headquarters there. I was greeted by Colonel Churchill quite warmly. He was real nice. He said that there was an extra bunk in his quarters that I could occupy until I was able to arrange a billet, and for me to get cleaned up.

He said, "You have on combat clothes. We all dress in cottons and wear neckties to dinner."

I looked at him and I said, "Dr. Churchill, my clothes are at least clean. I don't have any khakis. But, I'll see if I can get some at the PX

tomorrow. Meanwhile, let's go down to the officers club. Maybe I can borrow a necktie to put on my woolen shirt, and maybe that will pass. If not, you're going to have to speak for me."

I told him about the episode at the Ritz Hotel and he said, "Oh, they're a stuffy bunch."

I thought, "They aren't much stuffier than this place that I've just come to."

But, anyhow, he agreed and we went down and had a martini, and then had an excellent dinner and a long visit after dinner.

He said, "I gathered from my communications with Colonel Sullivan that you weren't very happy about being transferred back to headquarters."

I said, "Well, this came, not as a great surprise, but when I was told of the impending move, it was kind of shocking. To leave a group that you had really slogged through the war with, from Italy through France and all the way into Germany, and then to suddenly be taken out, I guess you realize what the news might have imparted."

"Well, let me put you at ease a little bit." He said, "You had been assigned to the 180th Station Hospital, which was scheduled to leave Germany, probably, in the next two weeks. That was headed for Japan. I figured that you had put in enough time that you didn't need to go through the risks of getting all the way to Japan and having to make another landing on the shores of Japan under heavy fire. I decided that I had the authority to relieve you of that responsibility, so that's why I made the move."

That gives you a little food for thought. I was really thankful that there was somebody who was looking after my welfare who had enough clout to do something about making the transfer. And I thanked him very much.

He said, "Well, I've got a few projects that I want to assign you after you get located here.

Just feel free to move about as you need to. If you need transportation to go anywhere, why, you can use my car, although I want you to know that they frown upon the use of these cars for frivolity.”

I laughed a little bit and I asked him what that meant.

He said, “Well, I don’t want you to get me in trouble by taking my car to go down to Naples to a night club. If you feel that you need some good stiff drinks, just let me know and we’ll go to the officers club.”

I told him that I thought he knew me well enough that I wasn’t going to put his name in jeopardy over foolishness.

My first priority was to get some cotton clothes so I would be in uniform around the headquarters. Then I would think about his project that he wanted to put me to work on. He then informed me that a good friend of mine, Major Dan Holland, who had gotten to be the head dentist in the Sixth General Hospital, and Perrin Long, the sulfa man from Johns Hopkins, were there.

Another real interesting gent was a Lieutenant Colonel from the Veterinary Corps. The four of us shared an office. My desk faced this veterinary colonel and he made the remark one day that my desk was rather bare.

I said, “Well, I was just assigned here and if it stays bare, it’ll suit me to a tee. I hope I don’t get saddled with too many projects, because I’m looking forward to winding things up and getting out of here.”

It wasn’t long after my return to headquarters in May that the German high command really folded up. Then we were speculating and sweating out what was going to happen in Japan. According to my educated guess, I said I thought things would happen faster when President Truman got in command. We all, then, were worried about

the bombing of Hiroshima and Nagasaki and the conclusion of the Japanese resistance very shortly afterwards. This train of events left you with the feeling that you’re going to have a lot of time on your hands, and that things weren’t going to move very fast from here on. I was anxious to get out of headquarters and get home.

Dr. Churchill was very good at trying to keep peace in everyone’s family, and trying to find things to keep people busy with. He made note, two or three times, that it was going to be slow compared to the action we had on the front, but to bear with him.

His first project for me was to go down to the Fifteenth Medical Lab in Naples and put the movie together of surgery on the front lines and in the field hospitals. The film was for the Mediterranean Theater. It was a project that Dr. Churchill wanted to put together as a teaching film. I’m sure he had in mind to leave a copy with the War Department for historical purposes, if nothing else, and wanted it to show at some of his teaching clinics back in the hospital.

This was a good assignment. They had good equipment there.

I think the only problem was he thought it was going to take me about three months to put this together. I was of the opinion that this seemed like a fairly small chore, looking through all these reels of movie films. It was mostly sixteen millimeter film. I had a sixteen millimeter camera with me so I was accustomed to using one.

After about a week, I got a hold of him and told him that I had this forty-five or fifty minute film put together, and I would like to have him look at it. He told me that he had hoped that this would keep me busy for a longer period than it had, and he hoped I hadn’t run through it in too much of a hurry and skipped too many things. I hadn’t.

One of the things I didn't tell him was that, rather than just working from ten to three with a long lunch period, I often went down in his car before having breakfast. I went down there to the Fifteenth Medical Lab and had a quick breakfast at the lab with a fellow named Gene Sullivan, who was running the lab. He had been the laboratory officer for the Sixth General Hospital. Then I would work throughout the day and oftentimes didn't get back to Caserta until, sometimes, eleven o'clock at night. I think when you put in that kind of time on one of these things you can get it put together a lot faster. Interruptions are one of the things that you don't need when you're reviewing reels and reels of movie film, and cutting out some parts that obviously had repetition.

It was a large reel of movie film and he was not in a hurry to review it. He put me off for a few days. Finally, we went down and picked up John Stewart, who was one of the former MGH residents and on the staff there at the Massachusetts General. He was in command of a station hospital in Naples. He also got a hold of Langdon Parsons, who was in the Naples area in charge of another station hospital.

We had quite an audience. I thought this film was real good. Obviously, it needed to be edited and then to really finish it off, it needed a sound track. Dr. Churchill said that he wanted to do that and he needed to have it reviewed by Colonel Berry, who was still in Germany. He was going to come to Caserta, but he didn't know quite when. He told me that he was quite pleased with what I had done. John Stewart and Langdon Parsons also thought it was a well done job. We all departed and went our separate ways.

Dr. Churchill had left a communique for me to come to his office the next morning. He said, "Now I've got to think up another

project to keep you occupied. It doesn't look like we're going to be making many movies around this headquarters."

He said one of the things that needed to be done was an inspection tour of some of the hospitals in northern Italy. He was especially interested in the German prisoners of war who the Americans had taken, but whom the German officers were still caring for. He said that he was going to put together a tour and that he wanted me to accompany him and Don King, who was the medical thoracic expert who had been in the Sixth General Hospital and was on staff.

Don King was a delightful person. I had seen him around the headquarters. He was helpful, telling me that if I ever needed any transportation, if I would just let him know, I was welcome to use any vehicle that he had access to. He then came up with the statement that he wanted to take a trip down to Sorrento and Amalfi and Capri and various places of historic and scenic value around the Italian coast. He said he was going to see if he could get Dr. Churchill interested in this and wondered if I would go with him. Gosh, I was delighted because my closest acquaintance with those areas was when we were at Anzio and obviously we didn't get a chance to do any exploring up there. We made several trips to, I guess you'd call it, the Italian Riviera. We had good guided tours throughout all the tourist attractions. Dr. Churchill for some reason or other didn't want to go. As I have told you before, I think he had an inferiority complex, and he was always concerned about the fact that he didn't want to be accused of squandering the taxpayers money. And, of course, this was a drop in the bucket. We went and had some real good times.

Don King then asked me if Dr. Churchill had told me about this inspection tour of the German hospitals in northern Italy?

I said, "Yes."

He said, "Well, will you go with us?"

I told him I would be delighted to go. This was in the middle of May. We took off and first went to Rome. We stayed at a very nice hotel. The man at the desk told me that the elevator wasn't working. "Well," I said, "I can see a nice stairway there. I'll get the two Colonels' bags up and you show us where the rooms are." We had a pleasant stay. The food was good at the hotel.

The next day we went to Florence and we stayed at the Excelsior Hotel. From there we went to Bologna, where the Sixth General Hospital was located. It was not closing down but had been de-activated. A lot of the guys were away on vacation or what they called detached service. And naturally, what they were doing was just marking time, getting ready to leave.

At one of the installations that we saw, a hospital in Italy, there was a large concentration of German troops. These were termed chest injuries by the Germans but most of them were superficial chest wounds. We saw very few residual empyemas or things like that. I think that kind of case probably succumbed before they got to any medical services. When we finished with that installation we had a consultation. Dr. Churchill decided that he wanted to go over to the university at Padua. This was a real experience. The ancient amphitheater was well preserved even though it was pretty dusty. We saw all sorts of old pictures of Vesalius, the Italian anatomist. We went through his room and the rooms of Sylvius and Eustashius—who had his name on the Eustachian Tube—and Malpighi and Morgogni. It was a real treat to see some of these things. I sat up in the amphitheater and Dr. Churchill and Dr. King were down by the lecture table. I took a few snapshots of them while they were delivering mock lectures

in this ancient amphitheater. I don't know whatever became of the pictures. Dr. Caldwell always promised me that he would give me a copy but I never did get any.

After a delightful day there, we went on north to another big German installation. Again, the wounds were not severe but they were almost all infected and needed more care. I remember one of the German officers in charge of the hospital was one of the elite corps with the swastika patch still on his shirt. I was tempted to borrow his bandage scissors and cut the patch off, but I guess it would have been impolite. Dr. Churchill took me to task because he said I was too short with them and that I should have saluted him. I disagreed with him entirely, telling him that we were the victors and they were the vanquished and that they were the ones who needed to show a little humility, which they didn't do. They were an arrogant outfit.

That tour was concluded and so we went back to the Twelfth General Hospital, which was in the neighborhood of Rome, and we stayed at the Ambassador Hotel. It was not down in the middle of the city but it was a real pleasant place to stay. The next day I got in touch with the Twelfth General Hospital and went over to visit. There was a fellow there named Harvey Allen who had been Dr. Kanavel's assistant from Chicago. He showed us a lot of hand surgery and hand reconstruction he had done. That was pretty interesting, although, here again, it was just the tip of the iceberg in the amount of reconstructive surgery that was needed, and the number of casualties that would probably need more adequate surgery in the United States. Then we left Rome and drove back to Caserta.

This was along towards the end of May. I was told that I was going to be the recipient of a Bronze Star for my services during the war.

There was quite a congregation of big wigs. I remember that Perrin Long came. He was a controversial figure. He was not very well liked by either Don King or Dr. Churchill. I think Perrin's trouble was that he had a lot of time on his hands and he often had a few snorts before going to work, which made him rather blunt in his remarks. He was felt to be a little bit obnoxious by these other guys, who had quite a good rapport and were quite diplomatic.

Didn't he become the Surgeon General in the Public Health Service after the war?

I think Perrin did, yes. So, anyhow, we marked time. The routine around the headquarters at Caserta was rather slow and dull. One of the great problems with any kind of personnel that has been under pressure and working hard, coming back to a life of leisure, is trying to find things to keep them busy. I was surprised when Colonel Robert Barker, who was a professor of medicine in one of the Chicago medical schools and one of the consultants at Caserta, came over and asked me if I would accompany him on a trip to Cairo. He was interested in seeing if he could get to the bottom of the history about malaria. He felt that it had originated in that area somewhere and he had a lot of good ideas he wanted to ferret out.

I felt quite honored at being asked to accompany him. But I told him that the rules around headquarters were that only one medical officer could go on detached service at a time, and it might be difficult to arrange the orders and transportation. He immediately said that there would be no problem, he had already discussed it with Colonel Churchill who said it would be perfectly alright if I wanted to go. It happened just as I had predicted. Colonel Barker had his

orders all straightened out to go on the trip. I had a request for my orders put through by Colonel Churchill. When they hit general headquarters, my orders were cut and Colonel Barker's were deleted. This really put the whole medical contingent in an uproar. I said this problem was easily solved. I would just have my orders canceled so that he could make this trip. Then I had one more idea: to go down and talk with Colonel Carmack, who was the executive officer at headquarters. After a long string of profanity he said something about some stupid aide to the general who ought to be canned. He immediately got them to restore Colonel Barker's orders and said he would cut a new set of orders for me, and not to worry about it. He said, "Go pack your bag and be ready to leave in the morning. Come by my office later today and I'll have this all straightened out."

Later, when I came back, I asked Colonel Carmack how he was going to get these orders signed, because Colonel Churchill had told me that the commanding general had left the day before for an extended visit to Rome and Florence and Bologna. He merely looked at me and said, "I can sign his signature better than he can; nobody will ever know the difference." He handed me the orders.

On the morning of June 18, we were taken down to the airport in Naples and boarded a C-47 transport plane, a twin engine plane that was the old army air force work horse. We made several stops on the way. It was a pretty tiresome trip because the airplane was not equipped with seats; it was equipped with benches along the sides and they were rather uncomfortable.

We landed about dark at an airport at Tobruk where we were to eat supper. It was a British installation at the time. It proved the old saying that the desert can be terribly hot in the daytime and then when the sun

goes down, cold at night. I know I started off the plane just in a khaki uniform. When they opened the door to let us off, a cold breeze came through there and I immediately retreated and got my field jacket and put it on. Walking the three or four hundred yards from the plane over to the hangar where we were going to eat, I was sure glad I had taken that field jacket because it really got chilly.

That's right at sea level?

Yes, it's just off the Mediterranean coast. The British messes, of course, are famous for their lamb, which is really mutton, but it served the purpose. We left and got into Cairo about one o'clock in the morning. We were ferried to the Red Cross, where we had to sign in. The following morning, after a rather uncomfortable night, we were assigned rooms at a place called the Twenty-One Club, which was an officers' retreat. Although there was no air conditioning, these were excellent accommodations with good beds and good food. We didn't spend much time inside the building anyhow.

Everything went well and we had a great trip. We met several very cooperative officers stationed in the area who took us to several of the medical installations around Cairo. But nobody had any ideas or information that Colonel Barker was really interested in. After interviews, sometimes maybe an hour and half or two hours long, why, they suggested we go someplace else to find out. This was great because we got to see a lot of the country.

One day we went to a place at Haifa. We were received cordially and given good interviews but not a lot of information. Another day we were flown into Tel Aviv and treated royally. They had a very modern hospital there, excellently staffed with people who were every bit as knowledgeable about

the medical and surgical advances as our own institutions in the United States. One of the things that impressed me about their hospital in Tel Aviv compared to the MGH was that this one was new and the walls and floors were marble instead of tile and really quite impressive. Of course, the institute in Boston had been built at the turn of the century and had seen better days, and each of them, I'm sure, served their purpose well.

We got to do a lot of sight seeing. We went to various museums around the area. I can't remember all of them but I think we saw all the important ones. We each had a ride on a camel and had our pictures taken, which we promptly mailed home.

We went one day to Beirut. This was an off limits type of arrangement that Colonel Barker had made with the pilot of the plane while we were eating breakfast at the hotel. The pilot said that he delivered mail and newspapers and if we wanted to go that he would be glad to take us. We went out and met him at an early hour. Colonel Barker was given the assignment of keeping his feet on the brakes while this gent went out, turned the crank on some sort of mechanism which he revved up to high speed, came back, got in the plane, engaged the starting mechanism and started the engine. Then we were off.

Colonel Barker had a seat in the cockpit and I sat on a pile of newspapers. We made two stops along the coast and then finally landed at the Beirut airport. The pilot told us that this was a tricky field to land on because he had to make a downwind landing. He put us on guard by saying he hoped the doors to the hangar were open because sometimes you couldn't stop and you went right through the hangar and out to the pad on the other side. But he got us down safely and told us that we were on our own and headed us in the direction of town.

We wanted to get to the American University where Colonel Barker knew someone. I found out that the father of one of my classmates was the head of the hospital and the university and held down a top teaching spot. But unfortunately he was away on a leave so we didn't get to talk with him. It was a fruitless trip because the second-in-command was not interested in communicable disease, or at least malaria which he felt was a commonly occurring problem that had no answer. He said you merely treated the symptoms and took it in stride.

As we were coming from his office through one of the corridors of the hospital, one of the doors was a little bit ajar and I recognized the person who was the patient. I stopped, went back, and pushed the door open. It was a fellow named Jim Pinkerton who had been one of my instructors in physiology during my second year of medical school. He told me not to come into the room because he was quarantined; he had some kind of a fever episode which they were still studying and hadn't come up with any answers. But we had a nice although brief visit.

Just as I was telling him goodbye he said, "Do you know that the colonel and you are off limits by being in Beirut?"

We told him that so far we hadn't been apprised of that.

He said, "Well, I would advise you not to do too much walking around town because you'll be picked up for sure."

Colonel Barker then wanted to go to the embassy where he felt he could make some fruitful contacts. We found that the embassy was ringed by four marine guards. They were polite; they let us get into the embassy. When inside we found, again, that the person Colonel Barker was looking for was not there and the second in command was not

very interested nor was he very helpful. He likewise told us that this area was off limits for American personnel and he was really surprised that we had been allowed to come in.

This was amusing because when we went out, the marine who had allowed us admission asked us politely if we knew that this whole area was off limits. We told him that we had just been informed of that by the assistant in the embassy. He said as long as we had gotten this far he wasn't going to do anything about it. "I don't know how you got here but if I were you I would head back to your area of transportation and depart as soon as you are able."

Colonel Barker hailed a command car and the fellow drove down to the airport. The pilot was ready and waiting and he asked us if we had had any trouble. We told him no, we hadn't had any trouble but we didn't get very much information either.

He said, "I didn't know you blokes were going to wander around town. Otherwise, I would have told you that you were off limits and might get arrested."

We flew back and went over to the Red Cross headquarters. They then assigned us to a room at the King David Hotel in Jerusalem which was a beautiful hotel but it had been shelled and one whole corner had been demolished. They had beautiful modern rooms in the section that we stayed in. We visited all the sights there; the birth place of Christ in the stable, the Way of the Cross, the Mount of Olives, and the Wailing Wall. We took several sight-seeing trips around the community. All in all this was a real experience, especially for a country boy like myself. It set me to thinking that when you came right down to it, I hadn't been exposed to as much history as I would have liked. I think if I had known a little bit more it would

have been more interesting. But, anyhow, it was a real wonderful trip.

We stayed around for a couple of days in the Holy Land and then went back to Cairo. We, of course, paid several visits to the Shepherd Hotel, which was a gathering place for all sorts of officers; army, navy, Air Corps, and from all the various theaters. I was sitting at a table with Colonel Barker and another Colonel came up and asked if he could join us. We had a short conversation. It turned out that he was a very good friend of one of my good friends from the medical school named Dan Ellis. We told him that he should go to a place called Bowobek and also the Temple of Jupiter and the ruins around Zalee. We had a genuinely good but brief visit.

We then made arrangements to head back to our home base at Caserta. We booked air transport to Athens and stopped there. We put up at the Grand Britannia Hotel, which was supposedly the plush place to stay. It was very crowded with all sorts of military officers. It really was a hodge-podge. We went down to the dining room, which had been converted into an army type of mess. I was quite cautious about some of the things that I chose to eat, but I guess not cautious enough because I got something that really got to me. We did some sight seeing around Greece but it was crowded around the various temples, the Acropolis, the Parthenon, and the various sights. You just got a very hasty guided walk through and then told to get back on your conveyance to go someplace else.

We made an early arising the next morning because we were told that the airplane made an early departure. We arrived around seven o'clock at the airport only to find that the plane was not going to depart until nine. But we were rewarded with the fact that this was a brand new airplane equipped with seats and not benches. We had a good trip and

got back to the airport at Naples that evening. It was a very pleasant trip, actually.

After being gone for almost three weeks, it was good to get back to home base again and settle down. Things moved quite quickly from then on. I was interested in looking up some of the cases that I had during the war. Embolism was a common diagnosis on some of our fatalities and I looked up a bunch of those cases. Tracy Mallory, who had been our pathologist at the General, was in charge of the laboratory at the Fifteenth Medical Lab in Naples at that time, and he helped me retrieve the records on about fifty cases of embolism. He was good enough to let me take them back to the headquarters at Caserta and get all the data that I wanted.

I finally put together a pretty good paper about this subject. First Langdon Parsons and then John Stewart read it. I also had Dr. Churchill read it and he thought it was good and said he would add a few remarks and submit it for publication. That was about the last I heard of my paper on embolism. I know that it was never published.

The next short while was spent, again, in trying to keep busy. I was surprised, one day, to find that an officer from the Sixth General had been assigned to the headquarters in Caserta. His project was to get things organized for transport of all personnel back to the States. He asked me if I would go with him on a short tour of the north. He said he had already talked to Colonel Churchill and gotten permission for me to go if I was amenable. So I thought, "What the heck? This is another good way to kill time."

He had access to good transportation. We visited Rome and Florence and Venice and went up to Bologna, where we found that the hospital personnel were doing whatever they could to try to keep from dying of boredom. We were all anxious to get transportation back

to the States. That seemed foremost in almost everybody's mind. We had a good trip and it ate another week of time.

During the summer it can be excruciatingly hot. One minute you can be walking from one building to another and out of the sky comes a drenching rain which completely saturates your clothes and you have to reverse your avenue and go back and get into a different outfit.

RETURN TO THE STATES

The summer passed quite slowly. Periodically you would hear that one of your conferees had left for the States and you wondered when your turn was going to be. Dr. Churchill called me, along toward the end of August, and said that things were pretty much winding down and asked me if I would be willing to accompany an army nurse named Lieutenant Colonel Margaret Aaron, who had a bad back. She was one of the top nurses in command. She had somehow injured her back. She had been seen by several neurological consultants—they had a lot of them over there—but it was Colonel Churchill's feeling that she ought to be sent back to the Washington, D.C. area to a guy named Spurling, who had done a lot of disc surgery. He thought that if anything was to be done for her she should have it done over there.

She was a real nice person and I got to know her quite well. She was very cooperative in anything that any of the big wigs asked her to do. Colonel Churchill was concerned about her. He felt that she should not be coming to her office and he had tried to get her to walk with a cane for support, but that was the last thing in the world she wanted to do. She was being evacuated to the States. He also had some data that he wanted to get back to the

Surgeon General. He said that he would book the air transport.

This was great. I was ready to head for the States and I told him anything he had in mind was amenable with me. I quickly got rid of all my army belongings, packed my personal things very quickly, got my immunization register intact, and told him I was ready to go.

He looked at me and smiled, "Well, I didn't mean that quickly."

But, anyhow, I left for Casablanca on August 24, 1945. I had known the colonel around headquarters and she was a very amenable traveling companion. Although she was quite incapacitated with her back problem, she never mentioned it the whole trip.

We left Naples and flew into Casablanca where I had started my overseas sojourn. I was quite at home in Casablanca, although we were pretty much confined to the hotel. We were put up at the Majestic Hotel and told not to get too far away because things were quite fluid and they didn't know when we might be called for departure. This is always an aggravating situation, and to me, an ongoing one. I guess the old hurry and wait axiom will be with us forever. Instead of making a straight-through trip, which we had all anticipated, we were detained in Casablanca for about four days. Finally, after attending three briefings to get ready for departure, the fourth one proved fruitful and we were loaded onto a brand new four-engine passenger plane which was quite plush.

We thought, "Here we go: we are going to fly home in comfort." We flew from Casablanca to the Azores where they stopped to refuel. We thought we'd go for a relaxing walk. We had to go through an inspection routine and we bumped into a real arrogant and nasty transportation officer who had had some friction during his service with the

higher ups in the army, and he took it upon himself to ground Colonel Aaron. This was kind of embarrassing. I went and talked to him and told him of her disability, and why she was being flown to the States. He said that he knew all about colonels and generals. He was in charge and he would take care of it.

He said, "You might as well go, because if you stay to accompany her you may get stuck here for a week or ten days waiting for a place on the airplane. These guys have a way of pulling rank and displacing lower grade officers off the plane."

I bid Colonel Aaron adieu and went back and got on this plane. It was kind of ridiculous to me but I'm not going to dwell on it too much. There were nine of us on this airplane, which easily could have carried a hundred and fifty or more passengers. But, anyhow, it was a smooth flight. After crossing the Atlantic we first landed in Newfoundland where I got off and had a walk around while they refueled and rechecked the airplane. We flew down and had a brief stopover in New York City, probably at the army portion of La Guardia. Then we flew on into Washington, D.C..

Colonel Aaron had made reservations at the Mayflower Hotel. I had no idea where I was going to stay but I thought, what the heck, she has a room reserved there. We arrived in Washington, D.C., about five in the morning and I went over to the Mayflower Hotel and told them that Colonel Aaron was delayed and that she had a reservation at the hotel. I asked if I could occupy this room until I could make further arrangements. There was no problem with this. I registered and cleaned up and then went out and got transportation to take the secret and classified brief case that I had, over to the Surgeon General's office.

This was pretty comical. The Surgeon General at the time was Frederick Rankin who was a good friend of Dr. Allen from Boston.

I had met him on one of his many visits to the Massachusetts General when I was chief resident. When I walked into his office—I had been announced—I stood at attention and saluted. He gave a civilian salute and said, "Can that crap and sit down." I passed this brief case to him that was wrapped in red and white sealed tape. He took it and tossed it over his shoulder into the corner. He wanted to know how Pete was. I told him that Colonel Churchill was fine and that he sent his regards. We had a nice visit.

He immediately got my card out of his register. He started off with a rather comical list of profane exclamations. "My God," he said, "Aren't you tired of being in the army by now?"

I said I sure was.

He said, "Well, what do you want to do?"

"I would like to get out."

"Well, I don't blame you." He said, "I'm going to change your qualifications. You're listed as a general surgeon and also as a thoracic surgeon. This is not to detract from your ratings but thoracic surgeons are at this stage of the game being sent to the Orient and to the Japanese theater of operations. If I leave this on, when you get out to Fort Douglas, which is going to be your deactivating base, they're probably going to assign you to extended duty. You may well end up, instead of in Reno, in Tokyo or some other hellish place. Do you mind if I do that?"

I said no, I would be happy for him to. After verbally hashing, very quickly, experiences and tent surgery and so forth, he said that he wished me well. He gave me a special letter recommending separation from the armed services and said that he hoped this would help me get out a little bit quicker.

As I came out of his office, I was walking down the hall and who should I bump into but Colonel Gunderson, who had gone overseas

with us and was now the eye consultant to the Surgeon General. I had a nice visit with him. He wanted to take me to Boston that day. He said he was taking the weekend off and had invited several people to go up to the Cape to a clam bake. I told him that I couldn't; I was trying to get home.

He said, "Well, where are you staying?"

I told him the Mayflower.

"Get out of there," he said. "I have rented Jim Greear's house here in Washington. When I came back here he took my place overseas. You're welcome to stay there."

So I stayed there. I looked up John McKittrick, who was stationed in Washington at the time. We spent a weekend together.

On Monday morning I was able to get passage to Salt Lake City and Fort Douglas and embark on my separation from Uncle Sam's army. Again, it seemed to me that it was easier to get into the army than it was to get out. We were, of course, assigned to a barracks and told not to leave the area because we could be contacted on a moment's notice. Here again, this was a sit and wait situation. I had been in the barracks, doing what I had been told, and being readily available with nobody being very worried about exit interviews except me. After two days of a boring wait, I decided that I would walk down to the headquarters and see if I could get any information about what the delay was. Much to my surprise, when I walked in I bumped into a technical sergeant who was sitting at the desk. He jumped up and saluted and then walked around the desk and gave me a warm handshake and a hug. "Major Cantlon," he said, "You saved my life."

We had a brief visit. I couldn't really remember for sure what I had done for him but apparently he was critically wounded. He had been a Third Division soldier who had come through our hospital and I guess that

we were both lucky that I was able to take care of whatever his problems were and he had made a hundred percent recovery. He told me that the reason for the delay was that they had unexpectedly been sent ten thousand WAACs, which they were to process before they could get to any of the contingent that arrived previously. He wanted to know where I lived and I told him Reno.

"Well, why don't I just give you a basket leave?"

I said, "That's fine with me. Tell me what it is."

He said, "Just give me a couple of sheets out of your orders and I'll put them here in this basket. Then you can go back to Reno. There's no use staying here. This may take us a week or ten days to process all these people. You might as well be at home where you're comfortable."

So I said that was great. I left there and called the airport and found out that I could get a flight into Reno that day. I called home and told them that I had not been separated but I could come home until they arranged this process. I got on the plane and was met by Tick and Bill and Margaret Ligon and it was a great reunion. It sure was good to get back home after having been away for almost three years. Although I had been home for a short leave just before we went overseas, the rest of it was a long stay. I was gone from 1942 until the end of August of 1945.

One of the things we did was to take off on a fishing trip. Bill Ligon was an avid fisherman and we went up to the valleys beyond Markleeville (Hope, Faith and Charity) and had a nice weekend up there. We got home on a Sunday afternoon late, and as we got into the yard and looked through the mail, there was a telegram from my sergeant friend at Fort Douglas to tell me they were going to start processing on Monday morning and for me to

head back toward Salt Lake. I came in and we had a hasty dinner and cleaned up. Those were the days when you could call up and make a reservation and be pretty sure of getting a trip out. I got on the plane that evening and went on to Salt Lake City.

Although it wasn't as quick as I had hoped it would be, the process of physical examinations and inspections of immunization records and all that was started. The officers in charge were anything but an inspiring lot. They were about as fed up with processing people for discharge as anyone could be. I remember the reaction, to this day, of the first guy that I saw, who had his feet up on the desk and was reading a book. When I handed him my record, he looked at it, made a check on it, initialed something, said to go somewhere for an A.P. and lateral chest x-ray, and then come back when that was done.

This, again, became one of those snafu's. When I had first gone to medical school I went over to the Brigham Hospital and had an x-ray. The radiologist wanted to know if I had spent time in the sanatorium. I answered negative.

He said, "Do you know that you have had TB?"

I said no, that I had not.

He got out the x-rays and showed me an enlarged node in one of the x-rays and said, "This is what we call a Gohn lesion."

Apparently when they took these x-rays in Salt Lake this again caused some consternation. I don't know whether they got my x-ray mixed up with somebody else's, but I was told that I had to go to the Fitzsimmons Army Hospital in Denver, which was a center for TB. I went over there and they took an x-ray of my chest and looked at it and said that apparently they had been sent the wrong x-ray. I didn't have anything to worry about and I could now go back to Fort Douglas and

be separated. Although interesting and time consuming, it was gratifying to know that finally I had been dismissed and I was able to come on back home.

It was a long experience. The gratifying part about it to me was that you could take care of heavily wounded army casualties under adverse conditions and actually do as well as we did. When this was all summarized it boiled down to the fact that we probably saved three and a half out of four heavily wounded casualties that came through these field installations, which I always felt was a pretty enviable and admirable record.

SURGICAL PRACTICE, RENO, NEVADA

RENO, 1945

The arrival back home in the latter part of September was fraught with some interesting experiences. In going to visit the hospitals, both Washoe and St. Mary's, the attitude was: well, we've been here working our hearts out and you have been away seeing the world. The physicians were anything but cordial. This gave you a funny feeling because I had made quite a long and large sacrifice in time and whatnot for what I thought was a real worthy cause. I wasn't sure that some of the conferees who weren't exposed to it really appreciated what we had been doing.

This was really brought out, in fact, when Bill and Margaret and Tick and I went on a memorable fishing jaunt. During the early wee hours of the morning following our return, Margaret called me up and said that Bill was in terrible pain. He had been having all kinds of trouble and what did I think we ought to do about it?

I said, "Well, I think that I ought to come down and see him right away."

So I jumped out of bed and put on my bedroom slippers and, fortunately, my army field jacket. We lived just two doors from Bill's. As I was walking up, I put my hand in my field jacket pocket and found a morphine Syrette in the pocket which I had not known was there. I found Bill on his hands and knees in the bathroom writhing with pain and going through the motions of trying to vomit. I had quite a time to get him up on his feet and get him back in bed. I quickly made a diagnosis of small bowel obstruction. This was about four o'clock in the morning so I gave him a good shot of morphine. These Syrettes contain a quarter of morphine. I didn't give him all of it but I gave him pretty close to all of it. I thought I would reserve the other in case this didn't keep him comfortable. The next morning about seven I got a telephone call from him which said, "Don't go anywhere before you come down here. I'm getting that pain back again."

He wanted to go to Washoe so I called up the admitting office and told them that I had a patient with small bowel obstruction that

needed admission to the hospital. There was a long pause and then Mrs. Cauble, who was the nursing supervisor at the time, came. She knew me quite well and greeted me over the telephone and said she was glad I was at home.

But she said, "You're not able to admit this patient because you don't have staff privileges."

"Oh, come on," I said. "I filled out all those papers before I left."

And she said, "Well, anyhow, your name is not on the list. Let me get a hold of Mrs. Pringle."

Mrs. Pringle came on and she likewise greeted me cordially and informed me that I was not on the staff. Then she said she would discuss it with the superintendent. Well the superintendent was a fellow named Mr. Morton and, as I remember, a nice guy.

He said, "Your name is not on the staff. I can remember seeing your applications here but right now I can't find them. Why don't you get somebody to admit the patient so it will be taken care of?"

I got a hold of Vinton Muller and had him admit Bill. He wanted to know what I thought his trouble was. I told him that he had acute small bowel obstruction.

He said, "We treat those with a Miller-Abbott Tube. I'll admit him to the hospital and why don't you come down and put in the Miller-Abbott Tube?"

I thought, well, here we go again. Anyhow, I admitted him and got the Miller-Abbott Tube and passed it down, which was not easy because Bill was quite sick and he had another attack of pain and was retching and vomiting again. By the time I'd get the tube down into his stomach he'd pull it out, saying he had to vomit. Finally I got Vinton Muller to order some pain medication. He said he never used morphine; that he thought Demerol was a much better analgesic.

"Well, whatever," I said. "Can we get something for him because he's having a real bout of pain again?"

Vinton ordered the Demerol and thus we found out Bill was highly allergic to it. Instead of relieving his vomiting it really put him in orbit. I finally talked Vinton into letting me give him some morphine. We got the tube down.

While it was down I went over to the office. I had a talk with Mr. Morton about my privileges. He had gone through all the files and all the applications. Then he came forth with the statement that there had been on the staff a Dr. Brown who was secretary of the county society. Dr. Brown had made the statement that where I was going I wasn't going to come back and there was no use cluttering the files with these applications. He apparently had taken them out and destroyed them.

To make a long story short, after a trying twelve hours of recurring pains we finally got Bill to the operating room. Olga Kipanidze was the anaesthesiologist. I said that I would help her turn him over to give him a spinal. She said she didn't give spinals.

I said, "Well, I do."

We got him anaesthetized, prepped, draped and ready to operate. Vinton Muller turned and said that he disagreed with my diagnosis and that if I thought he needed surgery that he would assist me but that he wasn't going to do it. With that I took scalpel in hand and did the operation and released an adhesion. Bill recuperated from his surgery, which fortunately was very smooth. I got him up and walking, much to Vinton Muller's dismay. I wanted to get him going and get his feet under him because he kept telling me that such and such a date was the opening of duck season and he wanted by all means to go duck hunting. Meanwhile, Vinton insisted that he stay in the hospital for eight days. He was

eating and was fairly comfortable; his bowels were moving regularly and he was champing on the bit to go home; but Vinton wouldn't let him go.

We got him out and got him home. He showed me where all the decoys were and where all the stools were to sit on in the tules. We had several heated discussions with Margaret and Tick with Margaret saying that Bill was crazy and he was using poor judgment and Tick telling me that I was crazy, too. That if I wouldn't do the right thing and tell him that he shouldn't go hunting, that I was being a party to a foolish act.

"Well, anyhow," I said, "I guess everybody is crazy at some time or another. He wants to go and he can't go alone. I've already promised him that I would see he got there and I'm going to do it."

So we did. We had a very pleasant trip. We got up early and went to the Windmill Cafe in Carson City, where there was a good friend of Bill's named Paul Slade who was the cook. We ate ham and eggs and hash brown potatoes and went on out to the ponds in Smith Valley. I carried the decoys and the two stools and Bill's gun. We didn't have a very long walk. We went to a real secluded pond that he had gone to every season with success. We had a very successful duck hunt. We shot mainly mallards and we each got the limit, which I carried back with all the paraphernalia.

The following day I took Bill's stitches out and the wound was healed and he wasn't any the worse for wear. We had several discussions over dinner the next few weeks. Both Tick and Margaret were quite annoyed with both of us and, I'm sure, still harbor the opinion that even though we got by with it and had a good time we were quite foolish to undertake such a thing.

You were both just young guys in those days.

Sure. We always used to settle the argument by saying, "Well, different people have different opinions about different topics."

What was the duck limit? Can you recall?

I think we could shoot ten ducks. I don't think we came home with twenty ducks but I think Bill had eight and I had six or something like that. They were mainly greenheads, beautiful grain-fed mallards in their prime. This was great.

Well, that was my reception at Washoe Medical Center, which at that time was Washoe County Hospital. I went down on the Monday following our duck hunt and got in touch with Mr. Morton and asked him for some application blanks. He told me that he couldn't give me those; that I had to get in touch with Rodney Wyman, who was chief of surgery at the hospital. I had known Dr. Wyman, briefly, before I left for the army. He was a jovial person but he also could be obstructive. He tried to put me off, saying that I couldn't make this application until after a staff meeting.

I remember saying, "Rod, let's get down to facts and figures. Now you know that I have worked in this hospital. I worked here for three months before I went away to the army in 1942. You helped me do some cases for you during that time. You know my capabilities. I sure didn't lose any of my expertise and training during my army experiences. I want to get going; I want to get on the staff."

Finally, he reluctantly gave me the staff application and the county application. I went and filled them out at St. Mary's also. Then later on in the day I got a telephone call from Rod, saying that they were having difficulties staffing the out patient clinic at Washoe. If I would volunteer to work in the clinic he would see if he couldn't get my application processed a little bit more quickly.

I don't know what his reaction to my answer was. It really annoyed me that after all the years I had put in treating charity patients, and then putting in my long stint in the army overseas, that I would then be offered this bribe of working in the clinic to hurry my application. I told him that I was not going to work in the clinic but that I was going to enjoy a two-months vacation, where I intended to do a lot of hunting and riding and fishing and renewing old-time friendships. I was at this point serving him notice that on January 1, 1946 I was going to start admitting patients to both hospitals and that I expected his complete cooperation.

He gave a little giggle and said that he hoped I had a good time and he hoped these things would be ready by then. I said in parting that I hoped they would, too, because if they weren't I was going to start to work anyhow.

This was great because I was able to do a lot of visiting. Tick had taught high school at Sparks while I was gone and she gave them her notice that she would not be back for the following year. We went together and had good trips around the neighborhood, and then several trips to San Francisco to arrange for office furniture and also for some furniture for our house, which we had purchased while I was away in the service. All in all things worked out quite well.

Vernon had subleased his office in the Medical-Dental Building to Dr. Bradley. I went down to see Dr. Bradley and told him I wanted to make arrangements to start work and I intended to start in January. He was quite cordial. He said that anything I wanted to do was fine with him, but that he had made his arrangements with Vernon (who was in the service) and until Vernon returned he intended to stay in the office. It was fine with him if I wanted to use one of the examining rooms, that he had no objection to that. He

further told me, in a very jovial way, that he was an expert at the art of palaver. He told me I was not going to be in his way because I wouldn't be busy. If anything came along he would help me or if he was overcrowded he would let me help him. This worked out real well. He said to go ahead and buy whatever things I needed. He said, "You'll need a desk because when Vernon comes back I'm going to move." He said I shouldn't buy anything very elaborate until Vernon comes back and I could make more definite plans.

That deer season Bill Ligon and I hunted with Bill Pedroli, a rancher out in Washoe Valley who had a cattle permit up at Little Valley back of Bowers Mansion. He had invited some relatives from Las Vegas to come up and go deer hunting. We all went up there to see if we could give the people from Las Vegas a good deer hunt.

This was my first introduction to deer tags. Before I left, you just went deer hunting and if you were lucky, you enjoyed your deer, and if you were unlucky you could go hunting again. During my sojourn in the army they instigated the deer tags, although at that time there was no quota. I announced to them that I would go and be all the help I could, but I wanted to go to Gerlach to hunt with my friend Red Welch and I didn't want to use my tag. I was relegated to the chore of wrangler for the horses that we would use to carry the deer out if we were lucky.

We had a nice trip. There were quite a few deer in the area. There was a camp tender who took care of the shepherd who had a couple of bands of sheep in the area, and he came along with us and brought a couple of his mules that he said would be much better to carry the deer on than the horses. We had a real nice outing.

We got two real nice big four point mule deer, much to the enjoyment of the friends

from Las Vegas. They were in good shape and in the 180 pound class. We hung them in the big walk-in box at Bill Pedroli's ranch in Washoe Valley and cooled the deer out well. The Las Vegas relatives were going to stay and visit for a few days in the area, and then transport these animals back to Las Vegas for processing.

We made contact with Red Welch up in Gerlach. Tick and I and Louise Cantlon went up. The first day we spent mainly visiting and talking over old times. Red and I got some horses from the field preparatory to going hunting the next day. He put Tick on a real nice gentle horse he called Polkey because of a big white polka dot right in the middle of his forehead. He let Louise ride a horse I had given him when I went away to medical school.

Then he singled one out for me. He said, "You ride the hog back horse."

And, gee, I remember hesitating and saying, "This isn't that horse that you traded to John Mariani that jumped out of the stock truck, is it?"

He smiled a little bit and he said, "Oh, yes, he's the same one but he's learned a lot of things since then. You can ride him."

We embarked and went out deer hunting. I think we learned where all his cattle were and visited a lot of places out on his range that I had never been. Finally, on the evening of the third day, not having seen very many deer tracks, I said, "Red, when are we going to go over to where the deer are?"

He smiled and said, "We'll go in the morning. I figured if I took you up there the first day you were here, you'd kill a deer and then have to go right home. Then we couldn't visit."

We had a successful trip and I killed the biggest deer I've killed in my lifetime. Tick's father was beginning to wonder whether he

should send out an expedition to find out what had happened to us. He thought that spending a week up in Gerlach was above and beyond the call of duty.

Another interesting character that we bumped into on the way was a foreman working for the Cowles outfit. We stopped and visited with him. He was driving some cattle along the roadside. He seemed shocked when he saw me. He got off his horse and threw his arms around my neck. "My God," he said, "the news around here was that you had been killed on Anzio." He was happy to find out that was not true.

STARTING RENO PRACTICE, JANUARY 1946

Things started off with a real bang on New Year's Day. I was called early in the morning to see the son of my childhood buddy, high school mate and college friend Jerry Poncia. He was away in the navy and his son, young Jerry Poncia, who was about six or seven years old, was at home with a real acute appendix. I went over, saw him and was able to admit him to the hospital. It became quite apparent that we were not as well-equipped as we could be. Anaesthesiology was a prime concern. The anaesthesiologists at the time were Dr. Elwood Reno, Dr. Donald DaCosta, a Dr. Lane, and also Dr. Olga Kipanidze. Dr. Olga was mainly interested in giving Dr. Muller's anaesthesia. She was not real receptive to giving anaesthetics for other doctors, although later on she acquiesced and we were able to get her to give us some help when we needed it. I tried to get Dr. DaCosta to give an anaesthetic, but since it was New Year's Day he professed to have other important obligations. Finally, I got hold of Dr. Elwood Reno and he came down and gave the anaesthetic. Fred Anderson helped me with the operation. He had come home from his duties in the Pacific

Theater and was practicing in Carson, but he also saw patients and had office hours a couple days a week using Dr. Sam Clarke's office. Fortunately, everything went very well.

New Year's Day proved to be busy. Later on in the morning, I got a call to see a patient in the emergency ward at Washoe who had a nasty fracture of both bones of the lower leg. I scouted around and tried to find out who, as a rule, took care of that kind of injury. I was told this was not an uncommon problem and almost anybody knew how to put on a plaster cast—this was the way most of these cases were treated. Well, this particular case had quite a lot of comminution in the tibia with quite a separation of the fragments. I felt it needed open reduction and plating. Again, I was able to get Dr. Reno to be the anaesthesiologist. Leo Nannini helped me with this particular case. This went quite well.

It became quite obvious that we were weak in several departments around both hospitals, anaesthesia being the primary one, but also there was no provision for blood banks and no facilities for blood storage. So I decided that we needed to get to work rather promptly in those two areas. I was quite surprised when I talked to Dr. Lawrence Parsons about this. He just flat-footedly told me that this was something I had gotten used to in the service; there was no facility for this type of storage in the hospitals. I'm sure this irritated him.

I said, "Dr. Parsons, all we need to do is get an extra refrigerator and put a label on it called 'Blood Bank.' We'll put out a call for donors; relatives of patients, and anyone who might be willing to contribute."

There were several orderlies in the hospital who thought this was a good idea. They thought they would like to get their blood typed and donate some blood. This became a reality rather quickly. As we went

on, more and more people realized, that in the event of a catastrophe, we needed to bolster the blood supply availability. Also, we needed to do some casting about to see if we could find somebody who was interested in coming to give anaesthesia.

You hadn't had any blood service at all, before this?

Well, I imagine that the transfusion service was done by direct transfusion whenever anyone felt that a transfusion was indicated. It was quite an undertaking. Actually, it was rather time consuming because you had to do it yourself. There wasn't any way of delegating it and there were no facilities, whatsoever, for storing blood. I was rather interested in Dr. Parson's antipathy toward this situation. He probably had much more foresight than I did. His primary concern was that blood couldn't be stored for a long enough period of time.

I said, "Well, gee, when we were overseas, they used to deliver us blood in five hundred cc bottles that were brought to us in milk crates. They were all labeled as to blood types." At that particular time, nobody paid a great deal of attention to the Rh factors and the more complicated fragmentations of blood that were to come along.

It was a process of just pursuing the project. Finally, Dr. Wyman joined in. He felt there were no unsurmountable problems. He was able to find us a storage refrigerator that they had in backup storage at the hospital. We got along quite well with this mini blood bank. We were careful to make sure that the labels were well applied to the bottles. The Baxter Chemical Company in Berkeley, California, was quite cooperative in supplying us with rubber seals on bottles that could be well sterilized.

Did you have any problems getting on staff at St. Mary's?

No, it seemed that if you got your county membership established, you then could be admitted to both of the hospital staffs. You had to formally apply, but it was the same group who OK'd the applications.

Was Maida as outspoken then as she became later?

She was stern and quite willing to let you know that she had a lot of authority, but actually was quite cooperative, a good ally and, I think, a good administrator.

The anaesthesia problem came to fruition. A young fellow who had gotten out of the army had come to town for, as we used to refer to it, the usual problem; he came to file for a divorce. He needed something to do while he was here. Apparently, he had given anaesthesia in the service. He was rather quickly processed and OK'd and went to work giving anaesthesia for anyone who would call him. This helped immensely because he was trained in giving endotracheal anaesthesia, whereas Dr. Lane, Dr. DaCosta, and Dr. Reno were not. Probably about the same time that Dr. Strausser came, Dr. Anderson's wife-to-be came. She had special training in anaesthesiology, was quite adept at giving ether and inhalant anaesthesia, and quite well versed in using the anaesthesia machine. She did not give spinal anaesthesia but she did give a lot of Pentothal along with her anaesthetics. This was kind of a touchy field at the time. Until the muscle relaxant adjuncts came along, one was always apt to run into problems with somebody who was a little bit sensitive or who reacted profoundly to Pentothal. Then one might have to do a quick intubation to get the patient on assisted respiration. But fortunately, we didn't seem

to encounter that problem. I know I was always fearful of it, because I had one of these episodes overseas. We overcame it by having somebody on hand who sprayed the vocal cords quickly with a local anaesthetic and then intubated the patient and put him on a machine. This went smoothly.

One of the rather impressive situations that I got into came in the middle of the night. This was a rather severe automobile accident that happened up in the Truckee area and a young woman, who turned out to be the wife of one of the early professional basketball players in the San Francisco area, was admitted to the hospital emergency ward. In addition to severe cranial and facial lacerations, she also had a dislocated hip. I had reduced a lot of dislocated hips. I think the first one was at the Massachusetts General Hospital while I was a resident. This was a very severe injury and it required the services of a specialist. I remember the one in Boston quite vividly, even to this day. There were two or three fracture consultants who were all getting their heads together trying to figure out which orthopedist they might call during the wee hours to come in and take care of this dislocated hip. I solved their problem by telling them that the hip had already been taken care of.

They wanted to know who did it?

I said, "Well, I did."

They wanted to know how I had accomplished this.

I said, "Well, I gave the guy a low spinal and then took him off the operating table and put him down on the floor (which was the way that Dr. Bigelow had described this procedure), and then did the Bigelow procedure for dislocated hips. It worked just exactly like he said it would."

It's hard to manipulate a hip when you have them on an operating table because you

don't have good leverage. You lay them on their back on the floor, then you grasp the leg and extend it, and then you internally rotate the foot, meanwhile making upward traction with your hand under the knee. When you have a patient relaxed, why, the femoral head drops right back into the socket. Then you put the leg back in the normal position and extend it. To keep the hip reduced you have to tie the legs together so that they don't go through that internal rotation and flexion again, because it's easily dislocated with that maneuver.

Well, this happened at the Washoe. Dr. Muller came down. Under his arms he had Gray's Anatomy. Fred Anderson arrived on the scene with an emergency fracture and dislocation book which was newly on the market. Dr. Wyman also showed up. Everybody was going to give a clinic, showing how to reduce hips. I was surprised because I had done the same thing in Boston. This woman was in real pain. It was quite obvious what her problem was. We quickly gave a low spinal anaesthetic, put her on the floor, reduced her hip and then started worrying about what we were going to do for her facial fractures and lacerations.

The next thing I knew, I was left in charge. All my seniors departed for a restful snooze. I finally got a hold of Ross Whitehead, who lived right across the street from me on Gordon Avenue. He came down, and he and I spent the rest of the night, using something like ninety tubes of plastic sutures, putting this patient's face back together.

Her husband came and, of course, when he saw her the next morning with all these stitches in her face and her jaws wired together and both of eyes severely blackened, he wanted to know where he could find a good plastic surgeon. I finally put his mind at ease by telling him that a good share of his

concern would go away as soon as the swelling subsided. And that, yes, we did have access to an excellent plastic surgeon in San Francisco, whose name was George Warren Pierce. As soon as his wife was able to travel, we would have him take her down to Dr. Pierce and get this thing taken care of. He was kind of a go getter, and he got right on the telephone that day and described what had happened to his wife. Fortunately, when he mentioned my name, Dr. Pierce remembered that he had removed a little tumor from Vernon's ear a few years previously and had to utilize a little split thickness of skin graft.

He said, "You do what Dr. Cantlon tells you. As soon as he feels that your wife can travel, you bring her down and we'll assess the situation, and if needs be, we can plan to take care of it at a later date."

This ended, then, on a rather pleasant note for both Ross Whitehead and myself. When we finally did release her and she went down to Dr. Pierce, he did something that was rather ingenious; he asked this man if he had any pictures of his wife just before her accident. The fellow said yes he did. They had been at the St. Francis Hotel and had been up in the lounge with some friends and a photographer had taken some pictures.

"That's great. Do you have them with you?"

The fellow said that he did and that he would go get them. Dr. Pierce and his nurse redid the lady's hairdo to conform with the way it had been combed before the accident. When he got this all straightened out, and they had put a little makeup on this lady, he called the husband back in, "Now, I want you to take a look at this," he said. "And then thank your lucky stars that Dr. Cantlon and Dr. Whitehead did such a good job on her. As far as I'm concerned, if I had done this myself, I would now give the opinion that

nothing more need be done in the way of plastic surgery.”

We both felt quite complimented. So, in spite of all our shortcomings, why, we’d gotten off to a flying start early in 1946.

Did you ever see her again?

I saw her again maybe about two or three months later. She was a very pleasant person and very grateful, and came back again to reinforce her thanks and repeat Dr. Pierce’s praise for us.

Did you get into medical politics in the first few years back?

I tried to stay away from medical politics here in Reno at the beginning, and also tried to avoid it as much as I could during the rest of my practice. Unfortunately, it’s one of those fields where you better join the politics so that you will get the inside information and be able to combat it rather than to try to sit on the outside and be punished by it. Fortunately, we didn’t have any very great problems to start with.

I had mentioned before, that when Vernon left for overseas he had leased his office to Dr. Grover Bradley. When I came back and started to practice in January 1946, Dr. Bradley informed me that I wasn’t going to be busy and that he was. He said that I could use Vernon’s consultation room and one of the examining rooms, but that he wanted the other space for his practice. He would pay the rent and I could be his guest until Vernon returned. He was essentially correct; I was appalled at the number of patients that came through his office during the daytime. Any of the patients that seemed to have more than minor complaints, he usually referred to Dr.

Stadtherr. He was Dr. Stadtherr’s assistant at all of the surgical procedures on patients that he had referred.

I was most interested in the fact that he told me, about a week or ten days after I had been in the office, “You’re never going to see enough patients to be able to pay the rent if you insist on taking a history and doing a physical examination and then writing it down. All those things are time consuming.”

I was a little appalled. I stopped and asked him what he had in mind.

“Well goodness gracious,” he said, “I noticed on Mrs. So-and-So that you wrote two pages of history on her, and then you described in detail a physical examination. That’s all a waste of time.”

Well, it made you stop and wonder. The thing that bothered me when I first came, was that Dr. Bradley and Dr. Stadtherr, whenever they did a laparotomy on a female patient usually wound up taking out the appendix and the right ovary. I always wondered how they decided what the problem was. I had always been quite diligent in dictating histories and physicals and trying to keep the records current at each of the hospitals. I was amazed one day to notice one of Dr. Stadtherr’s operative notes read something like this: the patient was anaesthetized by Dr. DaCosta and she was prepared and draped in the usual fashion and then a routine hysterectomy was performed. It didn’t make any mention of what was found or what the pre-operative or post operative diagnosis was. It didn’t make any notation about the type of sutures that were used or how the abdomen was closed. This made you wonder a little bit. Dr. Stadtherr was probably the busiest surgeon at either of the hospitals, and so I assumed that the thing to do was to mind your own business and hope that they would mind theirs.

What sort of a chap was Dr. Stadtherr?

He was a very personable individual, and was always polite and conversant with me. I went out of my way to be polite and respectful to the senior surgeons. For instance, his name was Anthony J. Stadtherr and everybody would greet him by saying, "Hi, Tony," or something like that, but I never did.

Whenever he walked into the dressing room I always stood up and said, "Good morning, Dr. Stadtherr," and wished him a well day and tried my level best to defer to him in any way I could. I always felt that this paid off for me because he never made any comments about what I was doing. I guess I'll take that statement back. I was called upon to take care of a private duty nurse who had been in an automobile accident down in the Bishop area and was in that hospital. When she was able to be moved, they brought her up here by ambulance and admitted her to the hospital. I think it was Sister Seraphine who went in and told her that Dr. Stadtherr had a very busy office and would not be able to see her until later that night. She informed Sister Seraphine that she didn't want Dr. Stadtherr to take care of her; she wanted me to take care of her. I went in and found out all the details about the accident, and got some x-rays because the ones that had been taken in Bishop were not really clear. I found out that she had a compression fracture of the second lumbar vertebra and some abrasions and contusions, but otherwise she was quite well with no sign of any head injury or any signs of nerve pressure. I waited another day or two until her intestinal ileus had passed, and then I got her in and applied a body cast by suspending her face down between a couple of operating room tables so that we could get a good extension and exaggeration of the lumbar curve. I had her stay in bed until the plaster dried. The next

morning I told her that she could now get up and start moving around. When I went in to see her a little bit later in the day, she said, "I've got to ask you a question."

"Fine, what is it?"

"Well," she said, "When I was walking up and down the hall, I bumped into Dr. Stadtherr. He was not very cordial to me. He was making rounds with the supervisor and made the statement that I was up today but I would be paralyzed tomorrow." She said she wondered if she should be walking around.

"Absolutely," I said, "And don't worry about it because you're not going to be paralyzed. Probably in another week or two, if you feel up to it, why, you'll probably be coming back and asking me how long this cast has to stay on. You will have forgotten that I told you it was going to be on for a minimum of eight weeks. Your query is going to be, 'Will it be all right if I start taking some patients for special duty before the cast comes off?' If you feel up to it, I see no reason why you can't."

But this was interesting. I imagine it was probably an acceptable remark for an older surgeon's criticism of some young upstart he didn't know anything about.

I remember another instance. We had a family who was very well known in the community named Matley, and the older Mrs. Matley was quite ill at home. She lived down at their ranch house on the lower part of Mill Street and I was asked if I would make a house call. I was free that morning so I went out and saw her. She was quite ill and had abdominal pain and nausea and vomiting. This had come on rather suddenly and she wanted to know what I thought her trouble was and I said, "Mrs. Matley, you have an acute appendix and need to come to the hospital." She obliged and we admitted her to the hospital.

I had an inkling of what might come. When she got into the hospital her laboratory

work confirmed my suspicions of her diagnosis. One of the family said they wanted a consultation. I said this was fine and asked, "Who would you like to have see her?"

They said that Dr. Stadtherr was their doctor, and I thought, oh boy, here we go now. I went down, saw the patient, got her admitted, made the diagnosis, wrote the history and physical and told them Dr. Stadtherr would take over from here. He was in the hospital at the time, so he went up and saw her. He didn't ask her too many questions so I assumed he never wrote a consultation. He merely told her that she had acute appendicitis and needed to be operated on, that he was busy, and that he thought that I was capable of taking her appendix out. With that he left. I went ahead and took her appendix out without any difficulty.

Dr. Stadtherr met me in the hallway a little bit later in the evening. He came up to me, smiled and said, "I just want to tell you that I'm going to get more for my consultation than you are for doing this operation." And I'm sure that he did.

Wow!

But such were the early beginnings of practice in Reno.

Did you ever scrub with him?

Never did.

He was a legend. You know, he was just a nebulous figure in my mind, but there was a legendary aura about him with things like that.

Yes. But he was a thoroughly well trained surgeon for his day. He did things quite rapidly. He was not a real good surgical technician. He had a high rate of complications and he

had also a rather high rate of mortality, too. And yet he was a very popular surgeon and had a tremendous following. I am sure he inherited a good share from his association with Dr. McKenzie, who had been a leading surgeon here before him. Dr. Stadtherr was addicted to gambling. I have no way to back up the statement that I'm going to make, except that patients of his who later became patients of mine told me that he often set his fees by his gambling losses. I remember one gent I became quite well acquainted with who was a rancher from the Gardnerville area. He was having some problems after a gall bladder operation that Dr. Stadtherr had done for him. In the course of conversation he said, "Do you know what Dr. Stadtherr charged me for my operation?" I told him that I did not and that I did not think that was any concern of mine. He said, "Well, I'll tell you what he charged me. He charged me twenty-five hundred dollars and he damned near killed me." I guess by this he meant that he had a rather rough convalescence.

His problems were easily solved. We talked about his dietary indiscretions and the fact that he ate irregularly and was a rather heavy smoker. I think I put him on some kind of an anti-acid and this seemed to straighten him out quite well. I asked him if he would come back after a couple of weeks to let me know whether our method of treatment had helped him. He came in and said he was feeling quite well and was rather amazed that I would want him to come back. I said I was interested in his welfare and interested in whether this treatment had done him any good or not. "Heck," he said, "Dr. Stadtherr never asked me to come back and see him after his operation. He kept me in the hospital until he took out the stitches. Then when I paid my bill, he dismissed me." But, anyhow, I guess there are many ways to skin a cat, so to speak.

I really got a boost in morale when Vernon came back about the middle of March 1946, after discharge from the navy. After a short vacation he took over his portion of the office, and I took over the portion that Dr. Bradley had been using. Dr. Bradley moved out; he moved his office down on South Virginia Street. There was a large brick apartment building, just before the intersection of Mary Street and Virginia and opposite where the Coca-Cola bottling works used to be. He wanted to rent an apartment to have his office in. The owner objected to that kind of occupancy, so Dr. Bradley solved the problem by buying the apartment building. I guess that proved the point he tried to put over to me, that I wasn't seeing people fast enough and making enough money with my taking thorough histories and doing physical examinations and then writing them up. But we got along quite well throughout his tenure in town.

Dr. Bradley was a very astute business man. He was quite sharp. I remember one day, in later years, in the dressing room there was quite an argument about whether owning or leasing an automobile was the proper way to go. One of the guys said, "We'll ask Dr. Bradley, he's had a lot of experience at it."

Dr. Bradley flat-footedly said that he always bought his automobiles outright and owned them. And somebody said, "Well, why do you do that?"

He merely looked at them and said, "I'd like you to take this into consideration. People in the car leasing business are in the business to make money for themselves, not to save you money." I felt that was a good observation and hit the nail right on the head.

When Vernon got back, things really started to pick up and we got quite busy. Having had the same kind of training and, also, interest in patients' welfare and

whatnot, it made the practice quite enjoyable. Whenever I was not available, he was able to see my patients, and whenever he went away I had access to his records. You could acquaint yourself real quickly with the problems, and that kept a good harmony between us and among our patients.

I think another facet of interest was the coverage of the emergency ward. This, as in all other places, seems to fall into the hands of the younger people. I know that I spent an untold number of hours sewing up lacerations and treating fractures and taking care of all sorts of emergencies. I was appalled at the number of indigent patients and Indians that I got to see. It amazed me that some of the older guys always seemed to be called for the good patients that came to the emergency ward, but I guess this is the way it goes.

We had a good addition to the medical staff later in 1946, when Bill O'Brien was dismissed from the service. He was a well trained anaesthesiologist. He came up and looked the situation over and had a tour of both Washoe and St. Mary's Hospitals and fortunately for the medical profession and for the patients in the community, he decided to stay and set up practice in Reno. He was not always the easiest individual to get along with, but he was a very capable anaesthesiologist and filled a real important void in the hospital community.

He was the first trained anaesthesiologist in Reno, wasn't he?

Yes, he was. He had good training in school and in his internship and then had ample time to test it during his service during war. He really made a whale of a difference in the ease of taking care of patients. That whole group, as it expanded, followed his initial method of treatment. They made

rounds on the patients pre-operatively and also post-operatively, and did a lot of things in the way of replacing intravenouses and gastric tubes and things like that. Otherwise, you would have to leave your office and go do it yourself.

Did you and Vernon scrub on your cases together?

Yes.

Did you get other guys to help you sometimes?

We would if emergencies came up, and one of us wasn't available. But whenever we were both here, why, we assisted each other. This was really ideal because we thought the same way and did things the same way, so you almost always knew what the next move was. I think that the old saying, "A good surgeon makes a super assistant," is a very true one. Having been on the other side of the table, you know what the problem is and you just work doubly hard to help with exposure and things like that.

Was there ever much of a schism between you younger doctors and the older ones?

I think that the transition actually went rather smoothly. Ken Maclean was in Dr. Muller's office and he helped Dr. Muller on his cases. I'm not sure that Dr. Muller always helped Ken with his operations. I know that I assisted Ken on many emergencies during his early times. Dr. Stadtherr's health became a problem and he gradually slowed down and disappeared from the picture. Apparently he had a severe complication following a cholecystectomy. I'm not sure what it was, but I surmise that it could have been a common duct injury. He quietly dropped out of the

picture and expired in a veteran's hospital over in Utah. Dr. Muller quietly became less busy, although he, I felt, was a person who really did not perform a lot of surgery. He was a well-trained operator but it seemed to me that he was a timid surgeon. So as those people left, why, newer ones came in. Of course, Dr. Wiig and Dr. Hall were here at the beginning of the war and they got quite well established during the interim. Fred Anderson moved from Carson City over here to Reno. Clair Harper came back from his training in orthopedics in New York and started his practice here. Then there was Louis Lombardi, who was a very popular and efficient surgeon. He and Leo Nannini and Dr. Tuttle and Dr. Samuels built their building over on Mill Street, which still stands. As time went on, the number of doctors gradually increased.

Dr. Stadtherr at the time was, without doubt, the busiest surgeon in Reno. He was thought to be rather ruthless and hasty by some, but I felt he was a well trained surgeon for his day. He had been in with Dr. William McKenzie, who had dominated the surgical field. Ken Maclean's father, Dr. Donald Maclean, was, I think, a little bit like Ken; he didn't like anybody. He was quite critical of Dr. Stadtherr. As I mentioned, I got along quite well with him and refrained from calling him Tony in deference to his superiority and always greeted him by calling him Dr. Stadtherr. We had many good conversations.

At that time, there were probably about sixty-five to seventy doctors in Reno. When you compare it to the six hundred or seven hundred that are here now, it made for a different sort of medical environment. It was smaller although not really close knit. One knew more about the various doctors and their qualifications than now. I marvel at the number of doctors in the community today who are not acquainted with their fellow

practitioners on the same floor in the same building.

We always seemed to get together at meetings, although some of the more senior surgeons, like Dr. Stadtherr, didn't show up. Dr. Vinton Muller rarely did. I don't ever remember Dr. Maclean, coming to any of these gatherings. But you usually heard their comments in the hallways in the ensuing days.

I was asked by one of the more senior doctors, Dr. Horace Brown, if I would put on a program for the county society and Washoe Hospital Staff meeting. It used to be a joint meeting in those days. I chose to show a movie reel and make comments about some work that Dr. Sweet and I had done when I was resident at the Massachusetts General Hospital. It was on tumors of the esophagus where the cervical esophagus was resected as high above the tumor as one could get. To effect the replacement of the esophagus and restore continuity, we would take a long section of the greater curvature of the stomach which, because of its excellent blood supply, lent itself to this procedure. We would make a tube from down around the antrum clear up to the fundus of the stomach, sew this together and then insert it up into the neck. Oftentimes, we would make a counter incision in the neck to facilitate exposure and reconstruct the anastomosis.

It was a major undertaking. The field had been explored by several older surgeons in the past; it was called the Beck-Janeau reconstruction. We had used this successfully on several cases. This was a subject that I felt should be reviewed for the local doctors, although I couldn't really say that many of them felt that there was any place for a procedure of this magnitude here in the community. As time went on their judgment and foresight was proven rather limited.

Dr. Stadtherr asked me in the hallway one day, following this presentation, how many cases of carcinoma of the esophagus had I seen here in Reno?

I told him that so far I hadn't seen any, but this didn't mean there weren't cases around.

He dismissed the conversation by saying, "Well, if any of these show around here, the thing to do is to send them over the hill." And what he meant by that was the medical centers in San Francisco.

Actually, the environment around Reno toward the younger and returning doctors—from their service in the war or from medical school—had a tendency to be hostile and rather protective.

I was well trained in general surgery and well trained, also, in thoracic surgery. I had not done a total lung resection, until the spring of 1947. The patient survived his operation and was discharged to his home down in Hawthorne. He did remarkably well, as a matter of fact, for a period of seven or eight months. Fortunately, his operation was done for an infectious process in the lung and was not connected with malignant disease in any respect. But he had a comfortable existence for about a year following his operation. I was informed by Dr. Miller, who was down in Hawthorne, he had succumbed from pneumonia.

At that time penicillin was available and the sulpha drugs were available, but beyond that, the antibiotic situation was rather limited. The major antibiotic that was introduced right after penicillin was streptomycin. It was used with a certain amount of hesitation because of its effect on the nerve supply to the ear. There had been a few cases of nerve deafness reported, and people steered around this drug. The combination drug of penicillin-streptomycin was marketed shortly after that. Vernon and I used it rather routinely for our

stomach and bowel cases and we, I'm happy to say, didn't have any problems with auditory complications.

I remember one case that somebody had referred to Stanford University. The professor of surgery at Stanford was Emil Holman. I don't know who treated the case, but when it came back it had the complications of several empyemas which were walled off, an element of lung abscess, and a septic wound. Well, this was passed on through the hands of a couple of the more senior surgeons. Finally the person appeared at my office, accompanied by one of the family members, with the statement that he was here because his doctors had said I was a specialist in lung surgery.

Well, this is what one usually received—the complications of patients who had been sent elsewhere and then needed care. I've always felt that I didn't mind taking care of my own bad news, but that one could be overwhelmingly occupied if he had to treat the complications of all the other doctors in town. This again was another example of the hostility that I felt was being shown.

I've got to admit the truth in Dr. Bradley's prophecy that I was not going to be very busy if I worked up my cases so thoroughly. In a defensive response and because I wanted to be busy, I decided that I would do some obstetrics, and this would fill the need. Frank Samuels, who did a great deal of OB at the time, and Louis Lombardi were both complaining that they were too busy. This was a field in which I had a very good training. I felt that if you delivered the baby, then you would be able to have the whole family as patients. This worked out real well. I know that I very quickly started getting a lot of hernias, appendices, and a lot trauma among the young members of the family.

Of course, tonsils were a very prominent problem at the time, but I must say this was an

operation that I did not engage in. I had not had any formal training doing tonsils during my residency. To me, it was an operation that needed to be done by somebody who had adequate training and who had a vital interest in it. Not that tonsillectomy is a major surgical procedure, but it is fraught with many complications that can require urgent emergency treatment.

To outline my practice, we did surgery in the morning, saw patients in the office in the afternoon, and then I was spending most of my nights at the hospital doing deliveries. This didn't leave a whole lot of time for outside activities. It was a real trying time, and a schedule that not only cut into family life, but it also cut into recreational life, and more importantly, into your hours of sleep. I think I can honestly say that in my first year of practice, I averaged maybe three and a half to four hours of sleep a night, and that often was with interruptions. But I was young and enthusiastic and loved what I was doing, so I kept right after it.

One of the early catastrophes in the summer of 1946 or 1947 was the big explosion on Lake Street which leveled the site of the present Santa Fe Hotel and most of the Chinese opium dens that extended from there down to where the present telephone building is located. This was a gas explosion. Over the years, the pipes had deteriorated and probably not enough attention was paid at the time. It really let the community know they had to make preparations for such catastrophes.

There were numerous casualties that flooded the emergency room at the hospital. I remember, vividly, that this had occurred on a Sunday morning. Vernon and I were busily engaged in doing a gastric resection. We had been trying to convince this patient to have this done. He came in early on Sunday morning, hemorrhaging. We took care of

him and were about closing up, when we heard the sirens from the ambulances and fire engines. The supervisor came in and wanted to know how much longer we were going to be, because the emergency ward was full of patients and many of them needed care. So we went right to work.

Vernon had as house guests Dr. Leland McKittrick's two sons, who were probably eighteen to twenty years old. Vernon had intended to take them on a fishing trip that Sunday morning, but the gastric bleeding case took precedence. These two kids just had a ball around the hospital emergency ward. They jumped right in and carried litters and put patients on gurneys and transported them to x-ray, etc.

As soon as I was free, I went down and acted as triage officer. I tried to point out to the doctors in the emergency ward who were trying to single out the people wearing fur coats and good clothes and rush them off for early treatment, that there were a lot of other people who needed treatment first.

The first patient who arrived in the emergency ward was a young male, probably in his late thirties, who had been walking down Lake Street when this explosion occurred. He had turned around and started to run, but was struck in the back by a brick. This broke a couple of ribs and gave him a sucking wound of the chest. I quickly put a large Vaseline gauze pack with a tight Ace bandage over his wound, and instructed the people to transport him to one of the wards and to please refrain from looking at the dressing. Periodically during that morning and early afternoon, I was apprised on at least a half dozen occasions that there was a man who had a sucking wound of his chest. I said, "Well, just put the dressing back on and leave him alone. I know about it." It seemed that the urgency was for me to drop what I

was doing and go take care of this wound. It was amusing because he was one of the early ones who came into the emergency ward but one of the last ones on the list who got taken care of. He finally was taken to the operating room, where he was given a positive pressure anaesthesia by Dr. Strausser, and the wound was debrided and the subcutaneous tissues reapproximated. According to my army doctrine, I just put stitches in the skin wound so it could drain and left it to be closed later. He had no problem whatsoever.

I was counting my blessings about that time and hoping that everything had quieted down, when I was notified that there was an ambulance coming from Gerlach with an emergency case aboard and the family had asked for me. I knew the family through my earlier association with John Welch, my friend from up in Gerlach. The patient was Corky Lingenfelder, who later on became a very successful rancher and real estate agent here in Reno. He had an acute appendix, which I stayed and did for him.

I finally got home to dinner that evening around seven-thirty in the evening, having had breakfast at seven-thirty that morning. I really enjoyed sitting down and having a good meal and relaxing. That was a busy day.

What time of year was that? Was that in summer?

This was in summertime, yes. I know that there were at least two deaths. The fire chief from Sparks, Shorty Hobbs, was a real well-liked character. He had walked into one of the basements, when another explosion took place. An assistant with him was also a casualty. I am sure there were others in the remainder of the block that were found later on. The only reason Chief Evans from the Reno Fire Department was spared was that

he was at home recovering from pneumonia. So Hobbs was in charge of the fire fighting equipment.

This real trying disaster alerted the medical department that we needed to have a little bit more organization. We needed to learn to triage patients the way they did in the army. We needed to work harder on getting a blood bank, although our supply of refrigerator blood had stood us in real good stead. In emergencies, we needed to follow the rules that had been proven to be very effective during the war. The debridement and delayed closure of wounds was more effective than a hasty cleansing and suturing of the lacerations.

Dr. Wyman, who was at that time hospital chief of staff was kind of annoyed because he hadn't been one of the primary people in the early stages. Since it was a Sunday, he hadn't come in as early to make his rounds. When he did arrive he exhibited a real annoyance about being told by one of his juniors that he was being assigned duties thus and so. Dr. Stadtherr didn't come. He said that he was busy at St. Mary's and would be willing to take care of any patients referred over there if the hospital got crowded. And so it went.

There was a minimum of residual impairments from this particular explosion. On a Sunday in the morning hours there was a real low occupancy of any of these places. Probably a good share of them may not have even opened for business at that time.

What businesses were there?

The Santa Fe was a restaurant hotel much as it is now. There were a lot of what we used to refer to as Chinese gambling houses. I'm sure they had some opium smoking dens at some time along the way. Everybody was not as charitable as they could be. The attitude

was that this was an explosion that lent itself to clearing up some of the vices along Lake Street.

They didn't think it was arson or a set explosion or anything like that?

No, I'm sure that it was just an accidental explosion that nobody had planned or contributed to.

Now, tell me some of the guys you knew that came back after the war.

Louis Lombardi was here. Of course, Vernon came back. I started practice in January 1946 and Vernon came back and got practicing about the middle of March. Alan Roche was back. Of course, Fred Anderson was practicing in Carson at the time, but he later moved his office back to Reno. Sam Clarke was here. He had not been called into the military service. Dr. Tuttle, Dr. Samuels, Dr. Servos, and Dr. Mundo, were here. They were all senior doctors. Clair Harper came. He had been doing some post graduate training in New York. Ernie Mack then came back; his training had been in neurosurgery. Dr. Lynn Gerow, who had been at McGill Medical School with Ernie and Ken Maclean, returned and joined his father in a family and obstetrical practice.

As time progressed another of the older doctors, Dr. John Sullivan, who was the obstetrical specialist along with family practice, gradually phased out. He, I'm sure, passed a lot of his cases on to Frank Samuels. It was an interesting transition. Ann Anderson had been giving us a great hand, as she had been trained in anaesthesiology. She continued to work after she married Fred Anderson. Bill O'Brien came and started in anaesthesia. He soon got so busy that he felt

he needed help, and got Dr. Arthur Scott to come up from the L.A. area.

They had been trained by Dr. Charles McCuskey, whose son is a prominent orthopedist here in Reno. As a matter of fact, he was instrumental in sending several people up here, and then finally came up himself and joined some of his former students. He bought a big ranch down in Fallon. He enjoyed the ranching operation, and he branched out and bought a cattle ranch over in Elko County in the Tuscarora area that was called Jack's Creek. I was many years in finding out where Jack's Creek was. Dr. McCuskey had given me an open invitation to come out any time, but it seemed like there were always a lot of other duties to take care of. I never got out to visit the place until long after he had gotten rid of it.

All during my training days and army days, I had always told myself that if I ever got to the point that I was practicing, I was going to take the month of October as my yearly vacation. That's when our Indian summer is at its peak and is the month when all the hunting seasons open.

In 1946 I had to forego Indian summer because, back at the Massachusetts General Hospital, they were having the "Centennial of Ether Day". Dr. Morton had first given the public demonstration of ether anaesthesia in October of 1846, and so they were having a celebration of that. Tick and I went back and had a reunion with the former members of the house staff and the medical faculty. We also saw a repetition of the demonstration carried on in the ether dome. I can't remember who impersonated Dr. Morton, but I remember Dr. Churchill impersonated Dr. John Collins Warren, who was the original operator. I can still see the group gathered around. Somewhere, I'm sure, there is a picture.

After making our rounds and renewing acquaintances I was ready to return home. But

there was a paper being given by Dr. Fuller Albright which everyone of note thought was important, so we stayed for that. He gave a masterful presentation of the diagnosis and treatment of a case of parathyroid disease. That was one of his specialties. When I had left the hospital, Dr. Fuller Albright was a budding medical specialist who looked to be the epitome of physical condition and health. I could hardly believe my eyes when I saw him at this presentation, because he had developed Parkinson's Disease and had an intense tremor and a shaking and hesitating voice. But he made light of that and said that although he had these physical impairments, his data was clear. He really put on a wonderful exhibit of this disease and predicted—now that the ground had been broken and the diagnosis and treatment worked out—that very soon parathyroid disease would be treated locally around the country rather than referred to Massachusetts General. He was certainly correct in all those predictions. This was a memory that I have cherished throughout the years. Although I have been to several meetings and class reunions back there, it really was a standout performance. Although ether has been surpassed as an anaesthesia, when one really gets into a bind and is doubtful about other anaesthetic agents, ether is still present and has stood the test of time as being the safest that can be used.

What did Bill [O'Brien] use when he started here? Did he use some of the newer anaesthetics?

Well, I'm sure that some gas, oxygen, and ether was administered. The intravenous anaesthetics had become popularized during the war. This included Pentothol inductions and intubation. Then they switched to various mixtures of gases. Cyclopropane was a real prominent one, although it came with the

hazard of being explosive. The patient's operating table had to be grounded. This always caused an aura of uneasiness in the operating rooms. It was absolutely mandatory that rubber-soled shoes be worn in the operating room when this anaesthesia was given. This was one of the anaesthetics of choice for most of the clinics throughout the country and probably throughout the world. It was a gas that caused no irritation and had no odor. It was administered through a mask with the machine and the people could be deeply anaesthetized within three or four inhalations of this mixture. It eliminated the irritation, nausea and vomiting caused by ether mixtures.

Bill O'Brien was well trained, and so were all the others who succeeded him. They did a great job in the advancement of the safer treatment of patients in hospitals. It also occurred across the country with the specialization of people in anaesthesia.

You didn't go to St. Mary's much? Or did you go interchangeably to both?

I went to both hospitals interchangeably. My criteria for choice of hospitals was that I asked the patients where they wanted to go. Then if the patients had no choice, I usually referred them to the hospital where I had the majority of patients at the time. This would fluctuate between the two.

Did you have a favorite?

No.

There was no big hassle, in those days, between the two hospitals?

Well, there was always a mild hassle, exhibited by an undercurrent of criticism.

You would hear, periodically, that St. Mary's didn't treat any indigent patients, that they always made arrangements to send them to Washoe. Washoe being a county hospital and subsidized by the city and the county, I think the general consensus was that's where most of these cases went. But I can very definitely testify that no indigent case that ever showed up in the emergency ward at St. Mary's Hospital was ever turned away or refused treatment because of inability to pay. Sister Seraphine, who was the administrator of the hospital for a long span of years, always was very decisive about that and very willing to argue with anyone, that she had made it a policy to accept those people, whether they were able to pay or not. I'm sure that they probably got as many cases as Washoe did. I think that she got her fair share and took care of them without any complaints at all.

As time went on, I remember that a great addition to the medical fraternity was Dr. Lowell Peterson, who came after his appointment to the local Veterans Hospital. In quick succession came Dr. Gilbert Lenz and Dr. John Sande. I had good rapport at the Veterans Hospital and so did Vernon—he was one of the surgical consultants there. He had been certified by the American Board of Surgery. Although I was a little bit late in getting my board's certification, whenever Vernon was tied up or out of town, I went over and consulted at the Veterans Hospital in his place and was always graciously received.

Dr. Dave Clark was the surgeon in chief at the Veterans Hospital at this particular time. He asked me to come over and see a couple of candidates for consideration for gastric resection because of intractable ulcer disease. I had seen both of these patients in my office, probably in the two or three weeks before I saw them over there. I had recommended to each of them that they were not candidates for any

type of gastric surgery because they absolutely refused to give up smoking, and would not try a diet or a medical regime. They informed me that they were not interested in, as they put it, "that crap." They wanted to get rid of the ulcer right now but wanted to continue in their present lifestyle. Without being at all nasty about my decision, I explained to them as carefully and as honestly as I could, giving them reasons and also statistics, that this was a medically treatable disease and there were many people on this treatment, but they had to contribute a little on their own. The reason I didn't recommend surgery to them, was that they fell in the class of high recurrence of ulcers and of high recurrence of bleeding. I told them that soon there would be no avenue of treatment for them, and that they would be labeled as gastric cripples for the rest of their lives—if they didn't lose their lives from one of the complications.

Anyhow, I went over to see these people with Dave. He was new and really enthusiastic about getting a large series of cases, and was very much of the opinion that they needed urgent surgery. I informed him that I had seen these people, that both of them had been to my office with this request and I had turned them down. My advice to him was to admit them to the medical service for a thorough go at medical treatment, because he was courting disaster if he went ahead with surgery. He didn't feel that my consultation was what he had hoped it would be. He finally said, "When is Vernon coming back?"

Vernon was back shortly thereafter. He had this urgent request for consultation. He went over and, primarily, listened to a small tirade about how I had acted in the form of an advisor rather than as a consultant. When Vernon went in to see these people, he had a short talk with each of them. He went back and wrote an opinion that he wanted to

corroborate my consultation. His judgment was that these people should be tried on a thorough medical regimen, and if they didn't want to do it at this hospital, they could be referred to one of the hospitals in the Bay area for further advice, but he strongly advised against surgery.

I really don't know how these channels work at times, but Dave went ahead and operated on both of these patients. Needless to say, the opinions of the two people who had a longer experience with such cases, were borne out. Vernon was called back within two weeks of one of these patient's operations to consult on what could be done now. Apparently the patient had gotten obstructive symptoms and then had a recurrence of his bleeding. This was before the advent of vagotomy. It finally culminated in both of these people being sent to Veterans' Hospitals in the Bay area, where they were quickly lost track of as patients in the Reno area.

Dave was never real enthusiastic about coming to any of our local meetings. He had a limited stay at the Veterans Hospital and finally moved down to a large clinic in New Mexico. We used to hear from him periodically and see him at medical meetings. He said that he was glad to get out of the veterans regime and into a clinic practice, where one could exhibit his individuality more than he could at the Veterans.

I have a great admiration for Dr. Gil Lenz's abilities as a diagnostician and as a real gentleman who took a vital interest in the care and treatment of his patients. He helped me on numerous operations and, although he and Dr. Peterson and Dr. Sande used to help each other, on many occasions he asked me to help him. We always got along very well together. Gil always used to kid me a little bit. When we would get together at the operating table or at a meeting or something like that, I would ask

him a question about somebody or other that I had helped him operate on. He would look at me with a quizzical eye and say, "You've got a memory like an elephant." But I always felt real secure, if I was going to be away and Vernon was not available, in asking Gil Lenz to see some of my hospital cases in my absence. I always felt very confident that he would treat them just like he would his own.

The next important thing that came along in the way of progress in the community, was the formation of the Reno Surgical Society. Wes Hall, Fred Anderson, Ernie Mack, Ken Maclean, Vernon, myself, Dr. Vinton Muller, and, I think, Dr. Tuttle were founding members. We modeled the Reno Surgical Society after the set up of the Ogden Surgical Society. We had all gone to their meetings. The format was to have experts from all over the country deliver talks on their specialty.

One year in Ogden I was faced with an overactive thyroid patient who had been very difficult to control. This was after the advent of propylthiouracil, which Dr. Frank Lahey had written a paper about. He said that from the advent of this drug forward no patient should be subjected to surgery until they were completely under the control of this drug. If doctors would just do this, they would eliminate the complication of thyroid storm—a host of uncontrollable degenerating symptoms including rapid pulse and irregular heart beat.

I remember talking to Dr. Lahey at this Ogden Surgical Society meeting, telling him of my dilemma, and also telling him that I had been one of his ardent admirers when I was resident at the General. I noticed a gleam come over his eyes and he said, "Yes, I used to love to see the people from the Massachusetts General come to my clinic. But I enjoyed, more, calling the professors at the General and telling them that they had been to visit me." And we always heard about it later.

But he told me without reserve to go back and increase the dose of the propylthiouracil until all the signs of toxicity had been controlled, and to not, under any circumstances, let anyone operate. He said, "I know what your problem is, because I've heard it in my own clinic on many occasions— they wanted me to operate now rather than when I was ready to operate. Just don't ever get caught in that situation. You go back and increase the dose until she is under control, and then you will be able to carry out a safe operation."

That was one of the pearls that I gathered at the Ogden Surgical Society. I was sure many examples could be passed on in our own society, and this was one of the reasons we wanted to form it. It was a great success; we had numerous, very famous speakers come to town.

An elderly lady who was living here in Reno had a problem. I became acquainted through Bob McDonald who was her attorney. She called me one Saturday morning. I was operating at St. Mary's Hospital when I got this call. She was very impatient, being one of those people who insist that you drop everything and listen to her complaints. And actually, I guess rightly so. I took her request over the telephone just before I started a surgery. I told her that just as soon as I finished, I would come to her home, as she insisted that she was in no condition to leave the house.

The interesting sequel to this was that shortly after I hung up the telephone from this Mrs. McCormick, I got a long distance telephone call from the professor of obstetrics and gynecology at Yale Medical School, who was a fellow named John McLean Morris. He had been an intern of mine when I was resident. He had stayed on and been Dr. Joe Meigs's assistant for a year or so and then

gotten this appointment at Yale. So he really had made rapid strides up the ladder.

He wanted to inform me that I was going to get a telephone call from this Mrs. McCormick, who had been under his and the radiologist's care. His request was that under no circumstances was I to tell her that she was suffering from a radiation burn of her rectum. I listened attentively. I was never really fond of John McLean Morris. I'm sure he was a very intelligent and knowledgeable person, but whatever he had in knowledge he lacked in personality. I was forever badgering him to get his work done and to write legibly. One of the real criticisms I had of him, was that he often would put checks on the examination sheet. On two or three occasions I had found discrepancies, when he had checked something as being normal and I had found pathology. When I really pinned him down about it, he would then admit that he hadn't done it. My advice to him was that if he hadn't done something, rather than putting down a check indicating that he had, to just write N.D., and then somebody else would pick this up and pay attention to it. Well, this is kind of a round about dissertation about his request.

I answered him by saying that, "John, I received a telephone call from this patient just before talking to you. I can't promise you what I'm going to tell her, because I haven't seen her as yet. I have no idea what kind of questions she is going to ask me. I'll have to put your request on hold, but I want to advise you of this; when I talked to her she told me that she was suffering from a severe radiation proctitis. And she said, 'In case you don't know what that means, it means that I have a severe radium burn of my rectum.' It's kind of hard for me to tell you that I won't tell her this when she already knows."

To make a long story short this was a patient who was in her late fifties or early

sixties. She had been a patient of Dr. Maclean's and Dr. Tappan's, and had seen them because she had some post menopausal bleeding. The upshot was that she was found to have an invasive cancer of the cervix. Immediately on finding out this diagnosis, she departed for the Yale Medical University Hospital and got under the treatment of Dr. McLean Morris.

Also interesting, was that when I departed for overseas we traveled on one of the Moore and McCormack ships, and she apparently was an heir or a relative of whoever owned this steamship line. So I would have to class her as a rather important individual. And she was not at all hesitant in letting you know, in a very emphatic way, that she was an important personage. She wanted you to know it.

I finished my duties at St. Mary's and went to her home to see her. I was rather pleasantly surprised, when I was ushered into her room by her attendant, to find that she had suddenly become a rather cooperative patient and answered questions very accurately. She reiterated this story that I just told about her diagnosis and why she had left here. I sure couldn't fault her for that, because we did not have adequate x-ray therapy machines here in Reno at the time. Neither did we have an ample supply of radium compared to Yale University Hospital. However, she was quite accurate in her story in saying that she had been given a five thousand milligram hour treatment with radium implanted in the cervix. And then on top of that she had been given another thirty-five hundred milligram hour of x-ray therapy. I could see why she was having so many complaints.

My own assessment was that this lady was in severe trouble. She complained of rectal burning and discomfort, which had kept her awake for several nights. She had no desire to eat, because every time she did, why, it stimulated her peristalsis and added

to her miseries. Her request was that I give her some kind of a narcotic that would allow her to get at least a night's sleep. This posed a real interesting problem but I was able to get this taken care of. I picked up the telephone and conversed with Lester Hilp down at Hilp's Drug Store.

"Believe it or not," he said, "I have such a potion in my back room safe. If you come down, I'll give you an ampule of it. I can practically guarantee that this lady will get twenty-four hours of relief."

I went down and picked up this ampule, which he had a name for. He told me that it was a medication that was deemed to be too powerful to put in the hands of all practitioners and, therefore, had been discontinued from the market. He had a fairly good supply of it over the years, and if used as a one injection medication, there were never any repercussions from it. He assured me that it was a safe medication to use. I went back and administered this to the patient.

I was pleasantly surprised about twenty-four hours later with a telephone call from her telling me how grateful she was; that she had had a delightful night's sleep. Following this medication, she was able to eat a bland breakfast which she had thoroughly enjoyed. She felt that I should know about this and wanted me to get another ampule of this medication in case she needed it. I didn't bother telling her that it was practically impossible to get. She then informed me that she now felt well enough that she had made reservations on United Airlines. She was flying out to New Haven that evening and was going to get back there and get under cover as quickly as possible.

The anti-climax to this whole story was that when I got back home later in the afternoon, after all these various trips to and from her house and to Hilp's Drug Store, I had

a request to return a call to Dr. Morris. So I called him and told him what I had found, what I had done, that I had not discussed her treatment, and that she was quite satisfied with all the things that had been done for her back there. "She feels that you are a very competent individual. You're going to see her in the very near future, because she was leaving Reno to go back to New Haven to see you. If you haven't already, you will soon be getting a request to admit her to the hospital when she arrives." He seemed relieved that I hadn't implicated him in any way as being responsible for her symptoms and that this particular facet had not been discussed.

I thought I would take a shot at him, anyhow, as he had been so arrogant. "John, you know, this lady is in a lot more trouble than just her radiation proctitis. I had training with Dr. Meigs, just as you did, and then went to the Free Hospital for Women, where they used to treat carcinomas of the cervix quite frequently. As you probably know, they have the largest supply of metallic radium of any hospital in that area. They have several people who use it quite frequently and quite effectively but, Dr. Pemberton, who was the chief of the hospital, had a hard and fast rule that no patient should receive more than five thousand milligram hours of radium in the cervix or in the uterine cavity. If external radiation was going to be considered, he was quite emphatic, and he imprinted this on my brain indelibly, that if you use more than that you're doing more harm than good. You are going to get bowel damage, and if there happens to be any small intestine either adjacent to the uterus or adherent to the uterus because of adhesions, you will get radiation sclerosis in the small intestine."

John gave me a rebuttal, saying that this was very accurately monitored and that she had radiation monitoring probes both in the

rectum and in the vagina. Whatever I thought, I was wrong, because they had given much higher doses than either Dr. Meigs or Dr. Pemberton had outlined, and they hadn't had any trouble. I said, "Well, John, take a little advice from one of your previous mentors and write this down in your little book. You are soon going to see your first complication of over treatment with radiation and implanted radium."

There was a long pause and then he said, "Well, I'm not terribly worried about that. I do thank you for not discussing this with her."

To make a long story short, this poor individual went back to the hospital and was admitted. In the course of the next couple of days she had to be explored because she had developed a small bowel obstruction. To put an end to the story, the patient did not recover from her exploratory laparotomy. One could say that she may have had other problems that went with it. At any rate, my indelibly embossed brain tells me that newer treatments, whether they are better or are different, are still fraught with a lot of hazards, as this individual proved.

Besides Bill O'Brien, who else was here that was an anaesthesiologist?

Arthur Scott.

POLIO EPIDEMIC, 1949-1950

You were here when they had the polio epidemic. Were you involved with that?

It was 1949 or 1950, along in there.

There was a national epidemic then?

It was a year in which polio was rampant throughout the country. Here in Reno we

were pretty well fortified with a nucleus of real competent people. Roland Stahr was one of the pediatricians here, and was just phenomenal in the way he treated kids. He also was an excellent diagnostician. Except for hearing periodically about a case of polio maybe in Carson or Yerington, I wasn't directly confronted with this type of case until we had a whole ward full of respirator cases at Washoe. I wasn't real anxious to make rounds on these patients. I listened every day, in the dressing room, about the fact that they had two or three or more admissions; actually, we had a real epidemic here before long. My hesitance in not wanting to see these people was: a) I really knew nothing about the treatment of the disease; b) I felt that there were several people who were better educated about the disease than I was; and c) we had a couple of young kids at home and I sure didn't want to be responsible for being a carrier and exposing them unnecessarily.

My first request was from Bill O'Brien, he wanted to know if I knew how to do a high tracheotomy. I said, "How high did he want it?"

He said, "We have put these people in a respirator. There is a large rubber collar that fits around the head, and if you make a tracheotomy down in the lower third or fourth tracheal ring area, then the collar rubs on the tracheotomy tube, causing pressure and obstruction and makes it uncomfortable for the patient. It's not entirely a therapeutic treatment."

"Fine." I said, "I can do one through the second tracheal ring. I have read about people doing it through the first tracheal ring, but you stand too much of a chance of injuring the vocal cords if you go that high."

So anyhow, Bill said he had two patients that had to have tracheotomies and when would I do them?

I said, "Well, why don't we do them now and get them over with, so that you can treat them more adequately and more comfortably?"

Then he said, "Are you happy about doing them under local anaesthesia?"

"Yes. I think when you have a patient who is already compromised as far as respiration and air exchange is concerned, then general anaesthesia would just be adding insult to injury. You stand by and give them a little oxygen while this is going on. I would much rather do them under local than under any type of anaesthesia."

I thought I was just doing, as a favor for Bill, a couple of tracheotomies. I wound up doing all but a couple of the tracheotomies done on the polio cases. One presented a problem. One of the ear, nose and throat men had been asked to do a tracheotomy. After putting in the tracheotomy tube the patient seemed to be having all sorts of difficulty with respiration. He was called back a couple of times to find out whether a different sized tube should be used or whatnot. And then finally Bill O'Brien asked me if I would review this case.

"Well, Bill," I said, "You have to take charge. You have to make peace with the ear, nose and throat man. I think I know what the problem is."

Bill was a capable little guy but he had a fiery personality about him, and sometimes when he made statements he could sure cut you to the quick, so to speak. He said, "What do you mean, you think you know what the problem is?"

"Well, Bill," I said, "When you put in a tracheotomy tube, you establish a good airway right off. You know that. With all the trouble that You've had with this one, one of the things that crosses my mind right off, is that it's real easy when you're doing a

tracheotomy to nick the pleura. Maybe what you're dealing with is a pneumothorax in the compromised lung."

And he said, "Well, what do you propose to do about that?"

I said, "I'm just making a suggestion, but why don't you get a portable x-ray? It's hard to make this diagnosis with a stethoscope, with the patient in a respirator and that machine going. This isn't going to compromise the patient in the least. You've got a portable machine right there. If the patient has a pneumothorax, he doesn't need any more manipulation with his tracheotomy. What he needs is to have the pneumothorax released, allowing him to re-expand his lung. That should take care of everything."

Well, we got the x-ray taken, and sure enough, the kid had a big tension pneumothorax on the left side and was having all sorts of difficulty breathing. So I just made a little prep over the upper part of his chest, did a little trochar thoracotomy, put in a rubber catheter and hooked it to a water sealed trap. Bill gave the youngster a little positive pressure of oxygen with his machine and right off the bat the kid pinked up and was quite comfortable.

I had a feeling that sparks were going to fly. Probably before I even got through doing the trochar thoracotomy, word, no doubt, had been passed to the ear, nose and throat man that he was being blamed for having caused this. I mentioned this to Bill. "Now, you gotta protect me in this situation, because I never said that it was anybody's fault that this happened. I merely made the statement that one of the complications of doing a tracheotomy was nicking the pleura. This can happen to anybody. If you don't stay right adjacent to the trachea itself, and if you get too vigorous in trying to push the tissues away from the trachea, this can happen."

My assumption that the ear, nose and throat doctor would have been notified by that time was correct. I'm not going to mention any names. The ear, nose and throat doctor was an individual that had a fiery personality and he immediately challenged me, saying that I said he had caused this. I did my level best to tell him that a nurse and Bill O'Brien could verify the conversation, and that I had said, that when you did a tracheotomy you immediately established an unobstructed airway, and that if this didn't happen, that what one needed to do was to search for other causes that might account for this. A real simple check to do was to take an x-ray. "From there on, you can verify from both of these people that I said that it could happen to anybody, and that it was a complication that needed to be verified when the tracheotomy didn't work."

Well, we had a cool reception from the individual for a few days. In about three or four days he came back and apologized to me for being rude and for having accused me of making these statements. I guess he had gone ahead and verified. He ended his conversation by saying, "As long as you're so damned smart, you can do the tracheotomies from now on. Just don't call me to do any more." Which was, I guess, a reversal of the apology in a certain amount.

I don't know whether relations between doctors are any better now than they used to be. One certainly has to be very careful, not only to not even think of implicating anybody, but, by all means, if you have any inklings, to keep your feelings to yourself. Otherwise the implication will get back that you have been hypercritical, and that's the last thing in the world that needs to happen in medical practice.

At this point we might add that the polio epidemic finally came to its end. I think the

summation was, that of the patients who were treated with tracheotomy, there were two deaths. I don't think either of these could be attributed to anything associated with the tracheotomy, it was just a normal progression of the disease. One of them was a very prominent young man who was very well-liked in the community. He distributed printing supplies and typewriters and recorders and things like that, and had a very good relation in the community. He was a great loss to the community. I can't remember his name. Another one who succumbed was about a twelve-year-old youngster who came in from Yerington, one of Dr. Mary Fulstone's patients. She finally brought him over to the hospital when he started developing respiratory difficulties. He was put immediately on the respirator. There was a delay in doing his tracheotomy because Dr. Mary was a great disciple of Dr. Vinton Muller and of Dr. Thom, and she just insisted that either Dr. Muller or Dr. Maclean do this tracheotomy. Of course, this was at night and Dr. Muller never went out to see anybody at night, and I don't know where Ken was. He was not available but she insisted that they keep looking for him. And, finally, we did a tracheotomy on this youngster along towards midnight. It was merely an exercise in technique because the youngster expired early the next morning. And this had to be attributed to a vicious infection with polio, and that was the end of it. But by and large, most of the others that were treated made generally satisfactory recoveries, as far as the polio epidemic in this hospital was concerned.

You had a whole bunch of iron lungs, those great big Drinker tanks?

That's all we had, yes.

You didn't get portable chest respirators until about the time the thing was over?

Yes. It was not a very efficient machine, really. The old, so-called iron lung was the method of treatment of choice at the time. But we got by. Luckily, Bill O'Brien wrote this whole episode up. I think I got a real good report on the results of treatment.

Where was his article? Do you know which journal?

You know, I'm not sure which one, or whether it was just published by the state as a report to the State Medical Association.

SURGICAL PRACTICE IN RENO

Let's get on with your experiences in practice.

Vernon and I had almost identical training in surgery, with the exception that Vernon had gone down to New York and gotten some rather extensive orthopedic training along with his surgical residency at Queen's Hospital on Long Island, and I had taken a year and a half of OB-GYN training. Our main forté was that we were general surgeons and, actually, one of our real interesting problems was with gastric surgery and the treatment of intractable and bleeding duodenal ulcers. Vernon had been trained by Dr. Allen at the General, as I had. During my residency I had an extensive association with Dr. Richard Sweet, who was a real good gastric surgeon. We were confronted with several bleeding cases and had real good luck in treating them. Most of them were treated by gastric resection. The days of vagotomy had not yet arrived.

One of the problem cases that I was asked to see was Mr. Silas Ross, who had

been chairman on the Board of Regents for many, many years, chairman of the grand jury here in town for many years, and was a well-known man around town and a very important personage. I guess, because of his stress and strains and possibly because of long hours and hard work, he was admitted to the hospital with a gastric bleeding problem. He and his wife, Emily, had been patients of Dr. Stadtherr's for most of their lifetime. It presented rather a tricky situation because Si Ross, Junior, and I'm not sure he was a junior but he was a practicing obstetrician here at the time, asked me if I would see his father in consultation.

"Si," I said, "I've heard by the grapevine that your father is in the hospital. I also know that he is bleeding rather seriously and that he has had about eight or nine transfusions to date without benefit. Nobody is doing anything definitive for him. He is slowly going downhill. If you want me to see him with the object of taking care of him, I would be happy to. But if you just want me to consult, I would rather not be a party to endorsing the fact that nothing further can be done for him."

Si said, "This is a ticklish proposition because my mother is a staunch supporter of Dr. Stadtherr."

I said, "I know that, and that's why I gave you this answer."

So he said, "Well, let me see what I can do about it."

He had a session with his mother and dad, and she wanted me to see him with the idea of helping Dr. Stadtherr. This was solved very easily and very promptly. Dr. Stadtherr, in no uncertain terms, said if they wanted me to take over that he would be glad to turn the case over. But if he was to take charge and operate, he would pick his own assistant and that would not be me. Dr. Stadtherr used to operate a lot with Grover Bradley. Dr.

Bradley voiced his desire to have me see Mr. Ross and take over. This was a good decision, which I'm sure was precipitated by Silas Ross himself. With that, Dr. Stadtherr relinquished command.

So I went over and saw Mr. Ross and ordered some more blood. I also decided that I would have a consultation with Dr. Arthur Allen in Boston. I made a long distance telephone call, reciting the history and progression of events. He merely chuckled a little bit. "Well, Ed," he said, "The thing to do, is you cancel your office and schedule the operation immediately. Don't wait any longer because it sounds to me like this patient may have waited too long."

So this is what we did. I got a hold of my office staff and canceled both mine and Vernon's patients for the afternoon. We schedule the operation and went to work. Frank Russell was at the hospital at the time. He was a good friend and volunteered to scrub with us and help as a second assistant, which was very generous of him. I think this was probably one of the hardest operations that I had taken on, at the time. In addition to having a large duodenal ulcer with a lot of inflammation around it, he had a couple of ulcers high up on the greater curvature of the stomach. The duodenal ulcer was not the primary source of bleeding; both stomach ulcers were bleeding. I'm sure, that had Dr. Stadtherr operated on him, he never would have found the ulcers high up on the curvature. We went ahead and completed the operation without mishap.

The bothersome thing about the whole deal was that, because of his low hemoglobin, we had to give him three more units of blood during the operation. He probably should have had some more post-operatively, but I was worried about a transfusion reaction. So we elected not to give him any more.

The amusing results of this procedure was that by the time we finished the operation the news was already rampant. At the conference in the back of Hilp's Drug Store, which was held every afternoon, Dr. Stadtherr came in and announced that today he had saved Si Ross's life.

Lester Hilp said, "What do you mean, you saved his life? You've been over here a good share of the afternoon, and I understand that Mr. Ross is in the operating room."

Tony smiled and said, "That's what I mean. I relinquished care of him and turned him over to Dr. Cantlon, and he successfully treated him. I just heard that he is now doing fine."

This was an interesting train of events. It, again, reinforces the statement that I had made previously: Tony Stadtherr was a prominent surgeon. He, I'm sure, was a lot busier than I was at the time, but he was not beyond giving credit where credit was due. And I think that he was relieved not to have had to do this procedure.

Si Senior did real well. He lived for another twenty years after his operation. One of his worries was, would he have to go on a diet and would his foods be restricted? I told him, like we always told most gastric surgical patients, that for a while he would not be able to eat the same quantity of food that he had been used to, but this would be a temporary situation and in the course of a couple of months he would be back on schedule. And he was. He was very grateful for the care and the successful procedure and became a fast friend.

What procedure did you guys do?

We did a high gastric resection on him. We always used to do a posterior polya and anastomosis, where you closed the duodenum

just distal to the pylorus and then brought the duodenum and anastomosis to the open end of the stomach. I was partial to the posterior polya and anastomosis, but in this case, because of the high resection, we did an anterior anastomosis on him and it worked just fine.

Another interesting note about Mr. Ross. He called me one day and told me he wanted to see me in his office, and that preferably, he wanted to see me that particular day.

I said, "Fine. Could I ask what the purpose of the meeting is?"

"Yes. The purpose is that, as you know, I'm chairman of the Grand Jury and, we've been hearing complaints from the patients on the county service at the hospital. I learned this morning that you were the visiting doctor on the service this month, and much to my surprise, when I was there this morning and talked to several of the patients on the ward, each one of them assured me that they had not been seen by a doctor for several days."

I chuckled a little bit, "Mr. Ross, if I come to your office at eleven this morning, would that be satisfactory?"

"Yes, it would."

I dropped what I was doing and made a quick trip down to the ward at the Washoe Hospital, as it was called then. I walked around these patients, that I had visited that morning before Mr. Ross's call, and I asked the patients in unison, "Did they know Mr. Ross?"

"Oh, yes. We know Mr. Ross quite well."

"When did you see him last?"

"Oh, we haven't seen him in years."

And so I had my ammunition all ready for Mr. Ross. A lot of these old codgers couldn't remember from morning until noontime who they had seen or what they had for breakfast or anything else.

And so when Mr. Ross said to me, "You know, it's a downright shame. There are a lot

of nice old people down there and they're being neglected."

"Mr. Ross, I have seen those patients every morning on rounds, and every evening when I make my evening rounds. I went down on the ward just before I came here. I asked several of these people if they knew you. All of them assured me that they did. I asked them, 'When did you see him last?' Mr. Ross, you want to know what the answer was?"

He looked at me quizzically and said, "Yes, I do."

"They haven't seen you for months and some of them said for years."

So he chuckled, "Well, I know when I was in the hospital you saw me several times a day. I remember it. I guess some of these old fellows just have a fading memory at this stage."

Where was Larry Russell?

Larry Russell was there. We used to make rounds. But it was an interesting experience.

SIERRA STREET EXPLOSION

I think we ought to talk a little bit about the Sierra Street explosion, which was another real catastrophe in this town and one of the major emergency situations. I think it was better handled because of our previous experience with the Lake Street explosion some ten years previously.

This had for me some rather long-lasting memories. Vernon and I had just finished a busy surgical morning at St. Mary's. While getting dressed and getting ready to make some post operative rounds and then departing for lunch, Vernon broke a shoe lace on a rather good looking, new pair of shoes. This, as everyone knows, can be an exasperating experience when one is in a hurry.

He said, "As soon as I can get out of the hospital, I'm going to go down to Tate's Shoe Store on Sierra Street, which is the only place in town that carries this type of shoe lace."

None of us thought anything more about it. Holy smoke, when the sirens started sounding and the ambulances and the fire engines and the smoke appeared all of a sudden . . . I realized, because I had climbed up to the rooftop at St. Mary's Hospital, where the problem was. Gosh, my first thought was that Vernon was going down to Tate's Shoe Store.

News used to travel in a hurry, and I'm sure still does. One of the things quoted by somebody at St. Mary's Hospital was that this was a gas explosion, and that it had blown Mr. Tate out of his store and clear out into the middle of Sierra Street. And gosh, I just had the worst fears about nobody having mentioned Vernon.

He had already gone?

He had left the hospital but, fortunately, had bumped into somebody who needed some sort of advice and he, by some miracle, didn't go down to Tate's Shoe Store to get his shoe laces replaced.

My office nurse, a lady named Mrs. Terry, had gone on her noon hour to Gray Reid's Department Store. She was there trying on a hat when this explosion occurred. At least she had the presence of mind to put the hat down and evacuate Gray Reid's by the stairway rather than waiting for the elevator. She got back to the office, but when I next heard from her, why, she was so mentally and physically shaken that she took the liberty of canceling all the office appointments.

She said, "I don't know what to do. There is nobody at home."

Her husband was a diesel mechanic. He worked for the Isbell Construction Company and his hours were varied. I suggested maybe it would be more pleasant to just stay in the office and visit with the various medical personnel, rather than go home where she would be alone. She finally did that.

The explosion was a real doozy. It demolished all the buildings from First Street down to the river on the west side of Sierra Street. On the east side, it basically and structurally, made Gray Reid's an unoccupiable store, and later fire broke out in the building so that it had to be torn down. This fire spread to the Elk's Club, which was south of Gray Reid's and adjacent to the river. Later in the afternoon that building caught fire and was completely destroyed.

There was a person who was killed outright. Another female had such a severe head injury that she was admitted to Washoe Hospital. She never did regain consciousness, but, I think, lingered on for a period of at least ten years.

One of the most severely injured patients was Shirley Fleming, the wife of Dr. Chuck Fleming who was a neurosurgeon in town here. She had rather extensive facial injuries and lost an eye. She was walking down the west side of Sierra Street when this happened, and had her two young daughters with her. I know I took care of each of them. The older one, whose name escapes me for the time being, was not badly hurt. But Jan, who I think still works in the radiology department at St. Mary's, had about as severe a laceration of the scalp and forehead as I had ever seen. During the course of the afternoon I put her back together. She has gotten a good result; after a long period of time her scar faded.

But Shirley didn't fare so well. She lingered in a coma. Dr. Sam Clarke took care of the

damaged eye, which could be done under a local anaesthesia. The problem was that Shirley was in shock and wasn't responding well. Vernon was called in for consultation. He nailed the cause for her not doing well and for her continuously falling hemoglobin and red cell count by diagnosing a ruptured spleen. This was questioned. Being before the days of ultra sound and MRIs and scans, it was more a hands-on diagnosis and intuition than it was of being able to verify it by more accurate procedures. But he was absolutely right. Under rather tense circumstances, because not everybody agreed with his diagnosis and treatment, he went ahead and did an exploratory laparotomy on her, found that she did have a ruptured spleen and removed it. She stabilized and her general condition gradually improved, but her coma was rather static.

There was a neurosurgeon in Utah whose name was Dr. Peter Lindstrom, a highly regarded practitioner. He, also, had married Ingrid Bergman. He was in town for what reason I don't know, and was asked to see Shirley in consultation. After listening to all the stories about the explosion, and history of all that had gone on, he felt that she had been remarkably well treated and that whoever had made the diagnosis of ruptured spleen was a real on-the-ball guy. Giving credit where credit was due, to all her supportive therapy, he then wrote in his consultation that Mrs. Fleming was in good condition and that she would regain consciousness within six weeks of the explosion. I don't know where he gained access to his crystal ball, but about five weeks after the explosion and within three or four days after he had seen her, Shirley sat up one day and opened her eyes and asked, "Where am I?" So, actually it all turned out well.

There were not as many severe casualties from this explosion as there were from the

explosion on Lake Street. One of the bad casualties was Mr. Henry Girola. I think he owned all the buildings on that block on the west side of Sierra Street. He had an odd type of shock injury. He had difficulty with his lungs; he had difficulty with his kidneys; his chemistry was all upset. I don't know whether this was just an exacerbation of problems that he had before or not. He finally got to the point where he developed a small bowel obstruction and Vernon and I operated on him. He had been one of Vernon's patients. The poor guy stood the operation very poorly. He had difficulty maintaining his blood pressure despite adequate fluids and transfusions. He finally left the hospital but he never really recovered because he needed constant supervision. All the other problems that went on with the insurance company and various settlements regarding the explosion may have influenced his problem. He died about eight or nine months after this episode. Despite all the investigations and tests and autopsies, no real definite cause of death could be pinned down. This, I guess, is one of the inequities in medicine.

What happened to Mr. Tate?

He did well. He had some abrasions and contusions and was pretty well shaken up, mentally. I'm not sure he didn't have a small fracture in a foot bone or in his fibula or something like that. But he got over it and went to work for Patterson's, after they rebuilt the buildings, rather than establishing an independent shoe store.

So Vernon never got his shoe string?

Not that day, he didn't.

POLITICAL CAREER IN MEDICAL SOCIETIES

I was president of the state society in 1956 and 1957. I think I was president of the county society after I was president of the State Association. I know that I was president of the Reno Surgical Society in 1955.

In 1948 several of us attended meetings of the Ogden Surgical Society, which was a real good medical meeting to attend because they had good facilities. One was not distracted by gambling, and of course the liquor in Ogden had to be obtained through a liquor store, which governed the thing, so that there were not a lot of distractions to hearing some excellent papers. They had a diversified group of speakers: professors of medicine, surgery, obstetrics, orthopedics and ear, nose and throat. They had an excellent forum.

I remember attending one of the sessions in Ogden when Dr. Alton Ochsner, who was head of the surgical department at the Ochsner Clinic in New Orleans, was there. I had met him during my residency because he was a very good and close friend of Dr. Allen's. While we were standing in line for something or other he reached over, looked at my hands and said, "You smoke L & M's." He was absolutely right.

"How did you know that?"

"Because L & M's have a filter on them that gives your fingers that light yellow stain that is easily recognizable."

This was interesting, and he gave me some good advice. "If you're smart, you'll quit smoking." He went on to say that he didn't see why he, as an individual, should condemn the tobacco industry because it actually was one of his greatest sources of remuneration, treating all the complications of cigarette and tobacco smoking. He planted the seed and gave me a real good incentive to quit, which I did in the not too distant future.

Dr. Ochsner said, "You have an up and coming medical society in Reno." He went on to say that he kept track of who had gone where from various medical schools throughout the country. "You people ought to get together and form a Reno Surgical Society and model it after this one. You won't have any trouble getting speakers."

He said that in his opinion the preponderance of professors would rather go and speak before a smaller audience in a well known city than speak at meetings like the American College of Surgeons, where, as he put it, things were rather cut and dried. The programs were set up so that one had to meet a schedule. He felt that a lot of the speakers could impart a lot more knowledge in a more relaxed situation, where they could have a more intimate association with the doctors who were eager to learn, than they ever did at the big meetings.

Vernon and I came back and we thought about it. We discussed it with Fred Anderson, Ernie Mack, Wes Hall, and Ken Maclean and Dr. Muller. We finally decided that what we ought to do is call a meeting and get some more input and see what the general reaction was. This went over real well.

We met in a small conference room up on the second floor of the Riverside Hotel, which was a real going concern at the time. The Wertheimers were in charge of the gambling and entertainment and the hotel in general. They were quite cooperative in later years in allowing us to use their hotel as headquarters.

I think we had ten founding members: Fred Anderson, Vernon, Wes Hall, Ken Maclean, Ernie Mack, I think probably Paul Wiig, Dr. Muller, probably Dr. Tuttle, and myself. Everyone was quite receptive to the idea of forming a society. We patterned it with the goal of having monthly meetings, where one person would present a fifteen or twenty

minute paper on a subject of interest to him, reviewing the current literature and presenting it before a small dinner meeting. We also discussed the possibility of having a meeting patterned after the Ogden Surgical Society meetings, where we would get speakers from the various institutions across the country and try to have a high class meeting. We mulled that over and decided that each of us would go home and think about it and discuss it at another meeting. Well, to make a long story short, everybody was in agreement that this was a good idea and that we should have another meeting to discuss the goals a little bit further and decide what the qualifications for membership should be. All of us were to think about prospective members. We were able to organize and after a year of meetings, were able to have a medical meeting, which was headquartered at the Riverside.

At our first meeting we had between two hundred fifty and two hundred seventy-five attending doctors from the various surrounding communities. Everybody felt that it had been a very successful gathering and that it should be continued.

About what year was that?

I think we started this in 1948. Our first meeting was either 1949 or 1950. We had good rapport among the founding members. The only founding member who was rather difficult to deal with was Dr. Vinton Muller who, as I have said before, was a very capable surgeon, well liked in the community, well respected among his peers, but he was shy and was sort of prima donnaish in a lot of respects. He announced early on that because of his longevity in the community, he felt that he should be excused from having to attend the meetings and from having to present any papers.

Well, this was not a good start. When you have a founding member who early on wants to set the stage for having excuses for not participating, this is a small germ that if implanted will multiply rather rapidly. I could sense right off that Dr. Tuttle would be the next person to raise his hand and say that he was busy and that he didn't have time to do these things. But we passed over those two and decided that we would cross those bridges when we came to them, rather than to scotch the formation of the society before it even got rolling.

We were asked by the county society to divorce ourselves from their stewardship, so to speak. Talk had been rampant that the county society was going to disband, that there was a decrease in the membership and a loss of interest among the membership. The papers and documents of the society had been moved and put in storage.

In 1956 and 1957 I was elected president of the State Medical Association. I really don't know why because I never felt that I was politically oriented. My name was brought up for president, so I didn't see any reason to turn it down. I felt we needed more people to take an active role. Of course, the one ongoing problem without solution, which even is a prevalent one in these times, is the north and south division between Reno and Las Vegas. The people in Las Vegas are annoyed because the medical school was established here in Reno. It was established here because the university, at the time, had more basic attributes and more undergraduate facilities than did the newly established University of Las Vegas.

Dr. Stanley Hardy, who was a family practitioner in Las Vegas, was the president before me. We got along exceptionally well. He was very cooperative in keeping me informed about the various problems they

were confronting. We had the same goal in mind. We needed to try to stimulate an interest and to get one hundred percent cooperation from each member of the state society, be they from Ely or Elko or Fallon or Carson or wherever. Every effort should be made to cultivate their interest, rather than to take the attitude of oh, they're a small group of people and they're not going to come to our sessions anyway. So we set about with that goal in mind, and also with the idea of talking as little as possible about the various animosities between the north and south.

They had a real interesting fellow in Las Vegas by the name of Dr. Jack Cherry, a rather flamboyant, cigar smoking individual who had previously been in practice in Tonopah. He was probably not very well trained, but he was forceful. He was an individual who almost could prove the rule, that even if you were wrong, if you said it loud enough and forcefully enough you could convince a lot of people that maybe it was right. He was a controversial figure for a long time. One of the problems was that he was in charge of the Las Vegas Hospital. He had the attitude that it was his place and he was going to make the rules. The hospital staff and the rest of the doctors notwithstanding, he was going to tell them what to do. Well, this finally took care of itself as time went on; he mellowed. He found that there were other people who could treat accident cases and severe medical problems more efficiently than he could, so he backed off. He continued being the county and city physician and kept himself occupied with those positions, and gradually faded out of the controversial hospital picture.

One of the things I did when I was president was hire Mr. Nelson Neff as the executive secretary of the society. This was a great boon. He was a retired army officer and an excellent PR man. This was a new field for

him and he attacked it rather vigorously and was a great help in establishing a much better rapport between the north and south doctors in general. He and I went on a tour to visit the doctors in the various communities. We started in Fallon and then drove on to Ely, where they had a small medical community, probably about six or seven people. They had Dr. Rirey, Dr. Smernoff, Dr. Hovendon, and Dr. Dan Hurley. Dr. Christensen came later. They were a busy community with their charge being the Kennecott Copper Company employees. We had an interesting meeting with a fellow named Ted Ross, who was a spokesman for their medical group. He was an interesting individual. He had a lot of good ideas which were hard to get some of the older and more established people interested in, but he said he was working on it.

Was Ted practicing in Ely?

Yes, then he came over and set up practice in Gardnerville. Nelson Neff and I then went on to Elko, where we had a good session with Jake Reed, Les Moren, Dr. George Collett and his son and young Dr. Hood. Dr. Hood's father was the one who had the Nevada medical license number "one." He had pretty much retired, but he came with Tom Hood and we had a good session with them. They had a real going medical clinic in Elko. It was very well thought of. My criticism of their modus operandi was that they were prone to send a lot of their patients to Salt Lake City rather than to treat them in Elko. After all, George Collett was a board certified surgeon and was certainly competent to treat a great many of the situations. But this has been an ongoing practice, and I noticed that it still is. Maybe they are doing the right thing.

I remember one incident. Dr. Bill Simpson, one of our anaesthesiologists, had

gone to Elko on a deer hunting trip up in the Ruby Mountains. I'm sure that their hunt was successful. It was a real Mecca for deer hunting. But on the way home, it had snowed and the ground was slick. His horse fell with him and he got a fracture of four of the metatarsals in one of his feet. He was treated by Tom Hood and young Dr. Collett. When he came back to Reno, he had a cast on his lower leg. He was wondering whether he should go to San Francisco or Los Angeles to have his foot re-operated on. I consoled Bill by getting a paper that Tom Hood and the younger Collett had written and had published in the S.G.&O. They had done a lot of these and had done an excellent job. I said, "If I were you, I would let it be. I think they treated you about as well as anybody could treat you." He did and it proved to be good advice.

We then went on to Las Vegas. Down there we met with Dr. Hardy. Two or three of the other people who were supposed to come to the meeting decided they had other things they'd rather do. So it was, again, an attempt at doing a good deed in trying to consolidate people. I know when I was inducted as president at the old Thunderbird Hotel and Dr. Hardy gave me the gavel, there were about as many people from Reno who had gone to Las Vegas to the meeting as there were people from Las Vegas who came.

Those guys went to Las Vegas to make big time money.

Yes, this was a problem all right. It's an ongoing one and I understand that it's still the same. They have a large selection of transient clientele down there from the movie industries in L.A., and there's just a bigger bundle of money in Las Vegas than there is in this community. I had the impression, when I went to Elko, that if for any reason I

ever changed my locale that's where I would like to go.

CANTLON CHILDREN

We had two children and both of our kids were adopted. I got a call from a former associate intern at the General who was doing obstetrics in San Francisco. When Tick and I went back to start my internship at the Lying-In in Boston, we spent our first night with Clarence and his wife Marian. We had been friends for a long time. When he finished his internship, he joined a very prominent obstetrician in San Francisco. He called one day and wanted to know if we were interested in an adoption. We had talked this over before, and both Tick and myself were very much interested.

He said, "Well, I'll give you a call."

On December 3, 1947, we got a telephone call from Clarence around eleven o'clock in the evening. "Could you come down to San Francisco in the next couple of days? I think we have a prospect for you."

So we did, and were delighted to take James Francis Cantlon. I said, "I want to give him a simple name because I want to be sure he can write his name by the time he gets to first grade. He ought to be able to handle Jim."

He was a good looking blonde baby and healthy in all respects. We boarded the airplane with him a couple of days later. I think he was five days old when we came back to Reno with him.

Those were the days of the twin engine C-47 or DC-3, as it was termed in those days by the United Airlines. We left here in beautiful weather and when we returned, we landed in a snow storm. There was probably about five or six inches of snow on the ground when we got in. We were met by Tick's brother, Bill Ligon, and we came home.

It sure changed the tempo of things around the house to have somebody to look out for. We were delighted with his progress. We got everything all straightened out and there was no problem about the adoption, everything went smoothly. We got acquainted with an attorney in San Francisco, who handled all the legal obligations.

Then just almost a year to the day later, we were called about eleven o'clock one night by a doctor in Oakland. I almost muffed it this time, because he was talking obstetrics and his was a completely foreign name to me. I had never heard of him. He kept carrying on a conversation, which involved mainly the progression of labor in a patient that he had in the hospital at the time. I finally brought the whole conversation to a head by saying, "Well, that's fine, Doctor. Why are you calling me? I'm two hundred and fifty miles from you and I really am not grasping the problem, I guess."

"Well," he said, "I thought you were interested in an adoption."

"Oh, fine. Tell me about it."

"This baby will be born this evening. Can I call you tomorrow and have you either confirm or deny the fact that you're interested?"

"I confirm the fact that I'm interested right now. Why don't you keep me posted? One thing that I am interested in, is how you got my name."

"Oh, I got your name through your attorney in San Francisco who handled your adoption a year ago."

"That's fine." I tried to apologize for my being so slow on the uptake. But I said, "I still want to say that if you had alerted me, by telling me what you were calling about in the first place, it probably wouldn't have been such a roundabout conversation."

Mary Ellen Cantlon, as we named her, was born without incident on November 30, so these kids were just about a year apart in age.

He called a couple of days later and said that the mother had not made up her mind whether she was going to give this youngster up for adoption, and how did I feel about that? "Well, I had a little experience with adoptions here in Reno when I was involved in obstetrics. Just let her make up her mind one way or another." One of the things that I did not want to be involved in, if she was not completely sold on giving her baby up for adoption, was to have a legal hassle later on. That would certainly disinterest us. So I said, "Could I ask you a question?"

"Certainly. What is it?"

"Well, have you let the mother see the baby as yet?"

"No, she hasn't been able to make up her mind whether she wants to see the youngster or not."

"Let's get the show on the road and have her look at the baby, because if she doesn't see it, then this is going to cause problems later on if you try to proceed with the adoption."

"In what way?"

"Well, in all sorts of ways. Do me a favor and have one of the nurses bring the baby in and let her see it."

"I'll call you back later in the day."

The minute this mother had seen her offspring, why, she made up her mind right then. She said, "This baby resembles its father too much. I would never be able to handle the situation in this community and in the office that I'm working in." On the strength of this she said that if you have some papers that she could sign, well, she would sign them right here and she wanted to be dismissed from the hospital and that they could proceed with whatever arrangements they had in mind.

So he called us and asked if we could be down by the following morning. I said that we could.

I said, "Did you go through with the usual procedure?" In California there was some sort of law. I was never real familiar with this, but one of the things that had to be done, was that a mother had to walk out of the hospital carrying her offspring, and then pass it on to the doctor or a nurse. Then they could come back and put the baby in the nursery. This was a regulation that I had learned when we adopted Jim the year before. He said that this was going to cause a problem because he didn't know if she would do it or not.

"Well, that's yours and the hospital's problem. I guess what you're going to have to do, is bundle the baby up in a blanket and cover its head and she can carry it out. Do me a favor and be sure that it's the same baby that we're talking about, and not another one." So he chuckled a little bit and said that he would take care of it.

When we went down the next day, we were a little bit taken aback. Jim, now a year of age, was a husky, strapping fine youngster who had weighed about seven pounds at birth, but was at this stage of the game somewhere in the neighborhood of twenty pounds or more. This youngster weighed about four and three-quarters pounds at birth and was a tiny, scrawny youngster, that by comparison, didn't look like she had an awful lot of staying power. But as the old saying goes "You can't tell how far a frog is going to jump just by looking at it."

We took our youngster and went out to the airport and came on home. She was a little bit slow. She was not a good eater. In comparison to Jim, she was a complete opposite. She was not interested in formulas of almost any kind.

I remember Dr. Stahr saying on many occasions, "Don't try to push these youngsters. It's a little bit like leading a horse to water, you can't always make them drink. Just keep

offering her these things and she'll finally catch on."

My grandmother and my aunt came in from down at the ranch at Wadsworth one day. My grandmother looked at this youngster and I could tell that she was not completely satisfied with what she saw. Without hesitation she said, "You've gotta do something to get this youngster eating, otherwise she is not going to make it."

"Well, what would you suggest?"

"Do you have any apples in the house?" I said that we did. "Well, tell me where they are." So she proceeded to go out to the refrigerator and get an apple, which she washed thoroughly, then cut in half, and asked for a table knife.

I said that this was interesting. "What are you going to do?"

"I'm going to feed this youngster some scraped apple."

"I'm not sure she'll eat it."

"Well, you watch." So she sat in a chair and used the round end of a table knife to scrape the apple very finely. We put it up to her lips, and strangely enough, the kid lapped it right up. And she fed her about a quarter of an apple and I think that Mary Ellen probably would have eaten the whole thing, but she said, "Well, I'd just start her out with this."

This was a trick that I had not known before. I told Roland Stahr about it, and he said he really never had either. "I'll put it in the back of my head. I'm sure it will come in handy and help others along the way."

At the end of six months she had gained a couple of pounds. But no matter how hard we tried, she in comparison with Jim, was not gaining weight the way she should have.

But, anyhow to make a long story short, they both made it and they have turned out to be real good kids. They certainly were an enjoyable duo to deal with as youngsters, and

both have turned out to be real solid citizens as adults.

Jim startled me one day when we were talking about where he wanted to go to school after he finished grade school. They both went to Our Lady of Snows parochial school. I said, "Would you be interested in going to Manogue or to Reno High?"

He looked me right in the eye and said, "Can we look at some schools elsewhere?"

"Well, what's the problem?"

Well, he didn't like what he had heard about Reno High School and also he said, "When the top student at Manogue High School can't stay in college more than one semester, there's gotta be something wrong."

We made inquiries about schools in the neighboring area and made some trips down to California, where we went to see Robert Louis Stevenson and several of the private schools around Carmel. After visiting five or six schools, why, he thought he would like to go to Cate School in Carpinteria if this could be arranged, and that's where he went. He was very good at math and English. At graduation he won the year's scholarship to Kelly College in England. His math professor said that he had been working hard and that he thought it would do him a lot of good to see how things went elsewhere. So we went along with that.

Mary Ellen did well in school. She took her studies in great stride. And finally, about the end of the first grade, she got along well with diets. They used to trade lunches at school. It always amazed me because she devised the spaghetti sandwich. I asked her what this was all about.

"Well, there are two or three kids who love spaghetti. I had it for dinner so I'm making a spaghetti sandwich and I trade it to them for their cookies."

This went along well. She started all at once to put on weight. I guess it was in part due to the cookie diet that she was trading for. But, anyhow, whatever it was, it was a pleasure to see her start putting on weight when she had been so wispy and thin in her younger years.

She wasn't a preemie, was she?

No. She was just a small baby. The way these things evolve, I guess one shouldn't do too much planning or worrying about what is going to come later.

She surprised all of us one day when she came home from school at the end of her first year and said, "How come Jim could read when he finished first grade and I can't?"

These were the years when they tried the old experiment of sight reading. And, of course, Tick having been a school teacher, was real sold on the fact that if you wanted to make a good reader you had to teach phonics.

"Mary Ellen, what makes you say that Jim could read and you can't?"

"He always used to read me the funny papers on Sunday. I look at them and I can't read them and I still have to get him to do it for me."

Tick immediately got hold of Jim's first grade teacher and asked her if she would tutor this youngster. She said that she would do it if Tick could round up a couple of other students. She hated to tutor just one because they didn't do well that way.

It was really revealing. We were talking with Fred Anderson and Ann, who lived next door to us, and asked how Suzanne was doing in school. Ann said, "Well, she can't read."

We told her about this prospect that we had in mind. And she said if it worked out she certainly wanted Suzanne to go. There were three kids, all out of first grade, and

another youngster who joined them who was in the seventh grade and couldn't read. That summer they went to a teacher whose name was Mrs. Lisney. And by golly, at the end of a couple months, all four of them were able to sit down and sound things out and read. It was remarkable.

As time progressed, it was really interesting to find how long it took the people in schools to come to the conclusion that their new program wasn't working, and that there were kids in high school who couldn't read. I guess this was finally corrected.

Mary Ellen got to be a real active youngster. She was interested in the Girl Scout cookie deals. She had a real competitive spirit and for a couple of years in a row was the high sales person for Girl Scout cookies, having sold over a hundred boxes in a couple of successive years.

When she got ready to graduate from eighth grade, we talked to her about where she wanted to go to school. And without hesitation she said that Jim had gone away to school and that's what she wanted to do. So we went down and saw Mills and we saw a couple of other schools along the coast.

She chose to go to Santa Catalina where she did very, very well. I think she really got a sound, very thorough education. She was a little bit annoyed by the fact that the sisters down there were so strict. They wouldn't let you go to the ice cream store or to any of the shops in town unless there was an older girl or a chaperone with them. But now, I think, she realizes why.

Strangely enough, when Mary Ellen graduated from Santa Catalina, she chose to go to Wheaton College in Norton, Massachusetts. And after Jim's year in England, he went on to Williams College in Williamstown, Massachusetts.

So everybody said, "How did you happen to let them get so far away from you?"

I guess if you try not to make youngsters do things they're not interested in, and you let them have some of the responsibility for what they want to do, they probably do better work than if you coerced them into an environment that they weren't satisfied with. I think each of them would have done well wherever they went, but they felt happier about this.

We had an interesting experience with Jim when he first went to Williams College. We were called by the dean of freshman students and asked if we were coming east and would we come for a consultation because Jim was not doing well in math or English. Math and English had both been his strong subjects when he was at Cate. And, actually, one time when we were at Cate his math teacher said that Jim had the ability to explain problems to his classmates better than the teacher himself.

We went back. Strangely enough, I guess they had made up their minds that Jim wasn't going to do well in those subjects. I guess this rubbed off on Jim, too, because he flunked both of them. We sent him to summer school here at the university and he got a straight four point grade average, both in math and in English. Everybody was flabbergasted about this.

He went on after college and joined the navy and was a navigator on one of the F-4 fighter planes that flew off carriers. While he was in the navy he was teaching ground control approach to a squad of people in training, so he must have known a little bit about math. He went on and put in his years in the navy and then was discharged at the end of his tour in Norfolk, Virginia. He elected to stay back there, saying that he had made a lot of friends in the service and that most of

them were from that area. He worked at the International Hotel. He started at a menial job at the hotel. I think his first job was probably the assistant desk clerk on the night shift, but as years went on he progressed through the various departments.

One year Paul Wiig and his daughter Karen and a nephew, who was back in Philadelphia, went on a trip. Paul went back to a class reunion in Pennsylvania, where he had graduated from college and also had had some post graduate training. They wound up on their tour through the southern states and stayed at the Omni Hotel. Jim was a maitre d' in the dining room at the time. Paul was delighted with his progress. He said that Jim had really taken good care of them, had greeted them and really made them feel at home. From his conversations with some of the other people around the hotel, Paul felt that Jim was quite highly thought of.

I had mentioned to Jim on a couple of occasions when we were back to visit, that I thought he was spinning his wheels at this hotel. He said that he wanted to stay. I said, "Well, all right, but I wonder if you realize that you have gone up the ladder two or three different times. Whenever you get to the point of ultimate advancement, why, they always seem to bring in somebody from a different hotel. Then you have to teach him the ropes while you're doing your own job."

Well, this finally jelled. At the present time he and a partner have taken over a bed and breakfast unit in Franconia, New Hampshire. They made arrangements with people and they're in the process of buying it now. He's quite happy with what he is doing. I guess if the weather holds out and it causes the leaves to change colors in the fall and produces snow in the winter time—which are the two main attractions for tourists—they'll get the job done.

Mary Ellen went on and did well at college. She was quite interested in social studies. When she finally graduated, she had had a little experience here at home. She would come home in the summertime. One year she got a job at the McDermitt Indian Reservation. And she was trying to pass on better ways of life to the Indian community. We used to have some real comical arguments here at home because, having grown up with the Indians, I came to the conclusion that they liked the way life was. When she arrived in McDermitt, why, they had a great program where they were building houses for the Indians to live in, to try to elevate their class of life and provide them with electricity and with hot and cold running water and toilets in the house. I kept telling her that they were more interested in sleeping out of doors in their rabbit blankets, and roasting squirrels and jack rabbits over the sagebrush fire than in living in the newer, more modern houses. This used to really get under her skin and I could always get a rise out of her about that. But she came home at the end of the summer and said that she thought there was a bit of truth in what I had been telling her, because they had a number of incidents where the Indians had broken all the windows out of the houses so that there would be better ventilation. Then they had built a fire on the kitchen floor one day to roast their rabbits rather than using the electric stoves, which is kind of comical but nevertheless true.

We went down there one summer to visit her, and rather than using the water out of a faucet they had dug a new and very expensive well in this particular area. These yokels would turn the faucets on and create big puddles of water on the ground. Then they would go dip their pails into these and carry the water home that way. What the problem was I don't know but it sure was different.

What sort of dwellings did the Indians originally live in?

Tepees and lean-tos and old crates and boxes that they had nailed together; one-room cabins and that type of situation.

This is out on the reservation east of McDermitt?

Yes. It's amusing to look back on. I can remember having as a patient a contractor who was in charge of constructing new residences in Wadsworth and also down at Sutcliffe at Pyramid Lake. And these, of course, being built by the government, were not cheap houses. They were extremely well built and out of good materials. I remember asking him one time what did he think a house like that would amount to, cost wise.

He said, "I don't have to think, I know that these houses all cost in the neighborhood of \$97,000 each to build. The Indian families got these houses for \$30 a month rent. Just by simple arithmetic and projection you can tell that these houses are going to be completely worn out and ready to junk before any part of that investment is returned."

I remember one instance where an Indian family was sent a bill for the utilities. This same fellow told me about it. The guy came with this bill, and he said, "What's this for? I already paid my thirty dollars a month rent."

"That's for power and water and heat."

"I'm not going to pay it. I don't want it."

But what do you do with that situation? A lot of the houses that had been built, both in Wadsworth and at Sutcliffe, the Indian families refused to move into. They said they'd rather stay where they were. At one time, against all rules and regulations, white families occupied these houses at the same rate of rent. I don't know how they manipulated these things, but apparently they did.

This was in the early 1970s I gather?

Yes. I guess it was in that decade between the 1970s and 1980s. They've slowed down on building any more. I haven't seen any new ones in the recent past, but I'm sure there are some that haven't been occupied for any length of time. Apparently the turn-over is quite high.

I remember when we went down to pick Mary Ellen up on her last session in McDermitt, she had had a meeting with all her constituents on the reservation. When we arrived to pick her up, they had given her various trinkets that they had made out of buckskin and bead work. I don't think there was a dry eye in the whole gathering and she whimpered for a good hour or so on her way home. She said she sure hated to leave them because she thought that they had all gotten along together and that everybody had learned a lot, including herself.

I said, "Well, that's a good tone to part on. You're all tearfully happy."

When she first went down there, there was an Indian named Gilmore Ross that I had grown up with who had made great strides. I heard of him one time when I was hunting ducks down in Marysville, and his employer was down there as a guest. We got to talking about this crackerjack Indian and his wife and a couple of kids. He was the foreman for this big cattle operation up in northern California. I think it was close to Canby. The employer had a tremendous cattle outfit and he said this Indian was one of the greatest employees he had ever had. Then not long after that he was down there again. He said he didn't know what was the matter with this guy, because one day he had up and quit. I smiled a little bit.

"Well, what are you smiling about?"

"I know he worked for you for a long time, but he's an Indian."

This guy said, "What's that got to do with it?"

"Well, he just got lonesome for the Indian blanket and the roasted squirrels and jack rabbits over the sagebrush fire. You can take the Indian out of the reservation, but you can't take the reservation out of the Indian. That's where most of them usually return to."

Well, this Indian guy, Gilmore Ross, immediately when he heard Mary Ellen's name, went over and asked her if she was any relation to Ed Cantlon, who was a doctor in Reno. And she said yes, that was her father. She mentioned that on a lot of occasions they had a lot of discussions about our cousin, John Mariani. We all grew up together spending summers down at the ranch in Wadsworth and got to know a lot of those people. It really turned out to be a small world. This Indian had left a real lucrative job running this ranch to go down and supervise building the new houses down at McDermitt, for probably a pittance of what he had gotten before. But that's the way it goes.

When she graduated from Wheaton she got a job at a large mental hospital in Connecticut. It's interesting how things evolve. She got very interested in helping the disabled. Of course, she worked in an environment which would have driven me crazy. She had a key to let herself in and out, but otherwise the doors were always locked. She had a class of seventeen or eighteen girls. One day she was allowed to get a couple of the hospital vans and take all these girls out to one of the Connecticut beaches for a picnic.

I said, "Gee, weren't you afraid, that when you got out there on the beach, they would all scatter like a bunch of quail and you wouldn't have any of them to take back to the hospital?"

"No, I wasn't concerned about that."

"Well, you mentioned that you took a girl who had gotten out of the hospital on two or three occasions through her manipulations. How did you have confidence that she was going to be with you when you returned?"

"She talked to me about it. She said that she wanted to go." Mary Ellen had gotten permission to take her. The supervisors had said they would do this but that she was taking a great risk.

"How did that strike you?"

"Well, when I came back with the whole crew that I had left with, I asked this girl, 'Why didn't you leave when we were out there on the beach? You could have slipped away and nobody would ever have noticed you.'

"She came up and threw her arms around me and said, 'I wouldn't think of doing a thing like that because it would get you in trouble.'"

Mary Ellen has always imparted that type of trust in people. She went on and she married a young man who had graduated from one of the neighboring universities in Connecticut—Wesleyan. He was majoring in history. He went from college out to Ann Arbor to the University of Michigan to get his Ph.D. While he was there Mary Ellen, at our encouragement, took some classes and got a masters in guidance and counseling. And they went on. They have done real well.

Her husband, Jim Elston, had an excellent teaching job at Holy Cross one year, and then he got a job at Boston University and taught there for three years. They didn't renew his contract. The president of the university was quite frank and quite open about it, when Jim went to ask him why his contract had not been renewed. The guy just told him, "If we renew it, then you will have tenure. We can let you go and hire another graduate like you and pay him a great deal less than you're earning now. When he gets to three years . . ."

They'll throw him out.

"... then we'll dismiss him." So Jim was disenchanted with that, but he got a job as an adjunct during the summer at a place called the Classic Wine Distributors in Brookline, Massachusetts. Apparently it's a real large outfit. He got interested in the wine business. When the summer was up they asked him if he would be interested in staying on. And, of course, they had a youngster at that time. Nathaniel had been born and Jim realized they were going to need some supplemental income, so he said that he certainly would. They hired him on and he is now one of their top salesmen in the wine business and is doing very well.

He was a little disappointed, I'm sure, in the whole thing because he loved teaching. On a couple of occasions when we were back visiting, he asked if we would meet him after his classes at school. "If you come down about eleven I'll be through and then we can go sightseeing in the afternoon."

"Jim, why don't we go when you go. We'd like to come to one of your class lectures."

Well, this was real impressive. I remember one lecture in particular when he was in a large classroom, almost the size of an auditorium. I think there must have been somewhere between a thousand and twelve hundred students. We were sitting up in the balcony, and that quickly filled up with students, too. He talked for about an hour and twenty minutes about the Vietnam war and the pros and cons. I was really impressed because he told it just exactly like it was in a very instructive and informative way. I think the thing that impressed me the most was that he had this whole group just spellbound. You could have heard a pin drop anywhere in the place.

We complimented him on his lecture, "Well," he said, "I enjoyed it. I worked hard to put this talk together, and I think it was well received. If they'll just think about it, I really told them a lot of things."

I had to agree with him one hundred percent. I know that both Tick and I felt we had learned a great deal from it.

This is at Boston University?

Yes. Now they have two kids. They have Nathaniel and Ethan. Nathaniel just turned twelve and Ethan will be ten in June. They're both "full of life" kids. They were out here a couple of summers ago. They came out and spent three weeks with us. And gosh, I would get tired just listening to what they were going to do for the rest of the day.

Did you take them horseback riding?

Yes, I took them horseback riding and it was real interesting. Nathaniel, who's the older of the two, is an excellent student but he is a perfectionist and everything has to be just exactly right. I put him on my buckskin horse, Rivet, and he was just so upright and tense that he didn't get along at all well with this horse. You could tell this from the beginning. I tried to coach him about what to do and all. His movements were so stiff that this horse just walked away and did what he wanted to do, and not very much of that.

After Nathaniel had his turn, Ethan got on. I said, "Now you just get on and if you want to move the horse forward, why, just squeeze your legs. They're kind of short so you may have to bump him with your heels a little bit. If you want to go to the right, why you just pull on the right rein a little bit and if you want to go the other way, why, pull on

that one. And if you want to stop, just drop your reins on the horse's neck and relax and say 'whoa' and don't pull on the horse's mouth."

Ethan took to it just exactly like a duck would to water. He got on the horse and I thought, "Oh boy, we're in for a wreck here," because he headed toward the outside gate and went down there in a long trot. I thought, "Well, this horse is going to go down there and he's going to move around like he would to let you open the gate off his back. He'll probably rub Ethan's leg up against the fence." And so when they got down there, I said, "Bring him back." Ethan just leaned down and rode him around in a circle. I think that horse thought a hurricane had hit him. I have often said, "I think that if I had him out here for six months and could coach him every day, I could make a real good horseback rider out of him." Everything else that Ethan does, he does just in the same way.

They both are real interested in soccer and basketball, and they are both excellent students. Nathaniel is more studious than Ethan, but Ethan seems to gather things by osmosis. He works; he does his homework and gets it done on schedule, but he never seems to be under pressure about it. When he went to kindergarten, the teacher came to him one day, "Ethan, can you read?"

He just looked at her and said, "No ma'am."

"Why not?" She knew darn well that he could read because she had watched him read to the other students.

He just looked at her and answered, "You're not supposed to know how to read in kindergarten."

Did you teach your son Jim and Mary Ellen about horses?

Jim liked horses and he was a good horseman. I remember, the summer before he went away to college, he was helping my dad down at the ranch. My dad had gotten to where he enjoyed having Jim do the driving for him on his various errands. So Jim spent the summer down there. He did all kinds of chores for them. While he was there he came on an errand to Reno one day and wanted to know, could he ride a colt? I knew what was up.

"Jim, what you want to know is, do you have my permission to ride a colt? You certainly do. Go down and get a hold of Harold Depaoli."

"That's where I've been."

"Have him coach you."

I had a real good young horse down there at the time that was about four years old. With the help of Harold, he got so that he could saddle the horse and ride him. He got along real well with him until one day he went down there and nobody was around. He probably shouldn't have ridden that day anyway, but he saddled the horse up and got on him in the middle of the yard. The horse didn't move out for some reason or other. I guess Jim was impatient, so he whacked him over the rump with the reins and the horse really turned loose.

I remember one of the hired men down at Harold's place asked me if Jim had ever had training riding bucking horses. And I said, "No, why?"

"That kid put up one of the best bronco rides we have seen in a long time. The horse finally unseated him."

And so I said, "Then what happened?"

"He just went over and caught him and got back on and went to where he wanted to go and then came back."

Jim told me that evening when he came back, "Your damn horse bucked me off and

stepped on my shin. I don't want to ride him any more."

"Well, OK, You've done your job and you are about ready to go to school, anyhow. So that'll do."

But he would have been good at it. When he went away to school, why, he was away from it then, and hasn't been real interested in it since.

THE CANTLON HORSES

I guess one has to have a little bit of recreation and hobbies and ideas to get away from the busy practice of medicine. It lets you relax and get back in the mood for treating patients.

When I came back from overseas and started practice I was horseless. I left a couple of real good saddle horses down at my grandparent's and uncle's and aunt's ranch, but during my span of years away they all succumbed one way or another. When I came back I asked about some of the horses. I had a big brown horse, who was a real good all around horse, and another sorrel horse that I picked up at the sales yard at Sparks when I was working in the service station there. Apparently, the big brown horse that I called Smokey, had stepped on a nail and developed tetanus. They found him dead in the corral, which was a blow to everybody down there because they all used him. The sorrel horse, that I called Shorty, had his origin up on Tule Mountain. He was a High West horse, a real good horse, one that I had gotten and trained myself. He would have been a top notcher except that during his younger days he developed encephalomyelitis which very often is a fatal disease. One vet who came down to see him said that he was just too far gone and should be destroyed. I

wasn't about to go for that, so I went up and consulted with Dr. Frandsen in the veterinary department. They had gotten a serum that could be administered intravenously. It was about a 500 cc vial and the vet asked me if I thought I could do it. And I told him that I sure could. I went down and gave it to him and, miraculously, the horse got well but he had a little bit of neurological difficulty. He didn't rein as good to the right as he had before.

I started casting about for horses. I guess I'd have to call my best friend a fellow named Harold Depaoli, whose folks had a big ranch down by Wadsworth. He was working for Wilbur May and a fellow named Richardson, who was the ranch manager out at Double Diamond Ranch. He put me on the trail of a quarter horse that he had trained there, said the horse was never going to be a show horse and that he was sure they would sell him. But I never had any luck there, they were asking an exorbitant price for a mediocre horse. I made an offer which they laughed at. I found out, through Harold later on, that they trucked him around the country for three or four years and had him for sale at all the shows they went to, and finally sold him for the same offer I had made on him to begin with. Well, that's the way the ball bounces, sometimes.

Did you have a knack for picking out a good horse?

I knew pretty much what I wanted. I wanted a horse with a lot of athletic ability, one that would really move out when you asked him to go, that you could herd cattle on and use for roping and also use for a pleasure horse. And all of these things entail having a horse that is sensible and gentle.

I found a horse out in Washoe Valley that was a real well- bred, good-looking horse. I

was able to get him for a song from a fellow who worked for Bill Pedroli, who had a big ranch out in the valley. He was a good horse; he was young. Harold's brother rode him for me for two or three months and he was going great guns. One day they called me up and told me they had gone about as far as they could go with the horse and I should come and get him.

He didn't look good. We rode him on a White Hat ride up to Thomas Creek one day and the horse was just not himself. It was obvious he had something wrong. I got a hold of one of the vets here who treated him over the telephone. He told me the horse was wormy and needed to have some worm medicine, for me to just give it to him in his grain. I was to give him a certain dose for ten days and he should show improvement. But at the end of ten days he seemed to have gone downhill. The vet suggested that I give him another ten days of medication. This was a powder that was called phenothiazine, used mainly for round worms in horses. I wondered why the vet hadn't tested him to see what we were treating him for. But that's the way it went so I gave him another ten days of medication. Again, negative results from treatment and a deterioration in the horse. When I called him for further advice, why, the vet suggested that I turn him out in the green pasture; that I had given him too much medication.

This was winter time and I said that the only green pastures I know of at this time of year would probably be in Florida or Hawaii, and that I wasn't able to make that kind of arrangement.

The vet said, "Well, just take him down to the ranch and turn him out in the field and let him eat on the ditch banks."

Of course, there was about a foot of snow down there. This didn't make much sense. It

seemed like a losing deal. I took him down to the ranch and turned him out. My dad called me a couple of days later and told me that I had better come down and look at him, because he thought the horse was on the skids. There was a veterinarian from the university who was there doing some tests on dairy cows. I asked my dad to get him to look at the horse. He gave him some sort of medication. I never could find out what it was. I think he must have given him some kind of stimulant. It did no good and the horse died that afternoon.

My dad asked what I wanted to do. "Well, why don't you get one of the hired men to cut the horse open and see if there is anything obvious." They found that he had a perforated intestine and general peritonitis. They collected about a quart jar full of worms. Apparently the worm medication had not been effective at all. So much for poor old Jimmy. I had to write him off.

I got to talking again to Harold Depaoli. And also to Pat Sanford who, with his brother, owned the Sanford Tractor Company which dealt mainly with Caterpillars. He was, as I remembered, a cowboy at heart while he went to school. He was a real good bronc rider. He used to ride in the local shows. He promised me he would look around, but meanwhile, "How about going with me on the weekend. There's a farmer down in the Coleville area who has about two hundred calves that need to be branded. He doesn't have any help."

So I said, sure, I would go. I asked him if he had a horse I could use. Pat was a humorist and his answer was, "I got a horse that's enough horse for both of us. I'll haul him down, so don't worry about hauling any horses."

Well, I didn't have to worry too much, anyhow, because I didn't have any horses at the time. So we went on down. This Pat was a rawhide riata man, and that's what I learned

to rope with. I had a new riata and also a new saddle. It was really kind of comical. Pat came by and picked me up about five o'clock in the morning, and we stopped and ate breakfast on the way. On our way Pat saw some kids necking in a car that was parked on the side of the road, and he made the epic statement, "Youth is a wonderful thing. It sure is too bad to waste it on kids." I've thought of that for years afterwards.

When we got down to this farmer's place near Coleville about seven o'clock, the fellow looked at his watch and told us we were late. He wanted to know if we'd had breakfast. Pat assured him that we had; that we talked about it on the way and decided that they probably would be all through breakfast so we had better get something to eat. We went right to work. Pat saddled up this horse and he was a dandy looking, part thoroughbred horse that was really my kind of horse. He was one you just looked at and thought that would be one you'd like to have. And Pat told me, "I'm going to go out and help them gather a bunch of cattle and ride him. He sometimes has a notion that he wants to get rid of you. We'll see how he goes." And when he came back, he said, "He's fine now." He took his saddle off and said, "Put your saddle on and go on into the corral. I'll wait."

We waited for the irons to get hot. I rode on into the corral and let the horse ride through the cattle a little bit to get used to them, and also to quiet the herd down a little bit. I noticed that there was a wild calf in the bunch. Every time I'd ride in that one end, he'd come out the other end. So I thought, "Well, when they give the signal, that's the one I'm going to work on first."

They said the irons were hot and let's get going. I made a good-sized loop in my riata and rode up there and made a pretty good long shot, about two thirds the length of the

rope, and picked up both hind feet. I dallied, and of course, out at the end of the rope the calf was kicking. I was going towards the fire and the horse didn't like it and he started to buck.

The farmer was yelling, "Let him go."

And Pat Sanford was yelling, "Take him to the fire. If you can't ride him dragging a calf, I'll guarantee you can't ride him without it."

I had a good firm seat and wasn't at all worried about getting unseated and so got the calf over to the fire. They got him down and did the work on him; doctored his ears and put their brand on him.

Then this farmer said, "Now get another one. Never mind the fancy stuff."

So anyhow, we had a great day. We branded two hundred and twenty-six calves. Then the farmer asked us if we would stay and help them put the mothers through the chute. So we did.

I never will forget the cool reception that I got when I returned home about one o'clock in the morning. I had forgotten to take my house key and I had to wake up Tick. She came down the stairs and started giving me a lecture. Pat carried my saddle in and threw it into the entry way. He knew Tick real well; "Give him hell, Tick. I'm going to get it when I get home." We sometimes have to pay for our entertainment.

Anyhow, Pat was a good acquaintance and we went on many forays together. As a matter of fact, at times he would drive my office nurse crazy because he would come in and say, "Dr. Cantlon has to take Thursday and Friday off. We're going someplace to rope calves. Just cancel the office and the operating schedule."

This used to make poor Mrs. Kerry wild. But we worked it out. The word got around that I was a good roper. I'm sure that I could have kept busy roping calves rather than doing surgery. But the calves were for fun and the

work was to make a living, so I had to decline a lot of invitations. Harold Depaoli and his family had a big ranch and he would always call me whenever they gathered or moved cattle and ask if I could come down and help. I always made myself available and I really had a lot of pleasant days.

Of course, every time I came back and told the guys what I had done over the weekend, they in unison would all shake their heads and say, "You're going to get your hands all torn up and you shouldn't be doing this."

Well, I guess what it amounts to is that almost anything you do, including taking a shower, has a risk to it. I enjoyed this and I've done it all my life and I still have all my fingers. I have always been careful. If I didn't make a good catch, I wasn't at all bashful about just dropping my rope and letting somebody pick it up off the ground and hand it to me. The animal would start running, and go down in the corner or something like that, and I'd start off from there. I think that people have accidents, quite frequently, when they want to hang on at times when they probably shouldn't.

Well, anyhow, with Harold's cattle outfit and their whole family of five boys and two girls, we spent many enjoyable weekends. And we used to get together and go deer hunting up on his cattle range. That was always a real enjoyable thing. It was only about nine or ten miles north of Wadsworth, and a wide area to hunt. We used to divide our hunts between Red Welch, up at Gerlach, and Harold and his family. Finally, when they got to where they were drawing tags and putting on all the various restrictions, Red was slowing down. It was a chore for him to go on some of the long rides, so we pretty much confined the hunting to an area here.

Along the way, about 1950, I got involved with the Reno Rodeo Association. They,

of course, had to have a doctor and an ambulance in attendance. Frank Borgas was a car salesman at Stremmel Motors. He also, for a while, worked for Pat Sanford. He held down both jobs at the same time. Frank was a master horseman. He was of Spanish descent. It was a little bit difficult to get out of him where he had come from and when he had arrived in this country. About the most I could ever get out of him was that when he first came to this country he was about nineteen or twenty years old, and his first job was breaking colts for the Hearst Ranch down in California. He spent five years down there and then came up here and got interested in car salesmanship. He and Nick Lusich got together. They had the Studebaker agency on the corner of Fourth and Arlington Avenue.

I got to know Frank real well through the association with the rodeo. Also, he and Nick Lusich both were patients of Vernon's. We would have long conversations about the horses we all had. One time he asked me if I would go with him on a trip to Winnemucca, where he had a good friend named Lyle Ellison, who had a tremendous ranch up north of Winnemucca. It was called the River Ranch and the Ellison Ranch. Lyle had a brother who also was a good horseman.

Lyle had several real good horses, some that won here at the rodeo. He also went on down to Salinas. He had a real good cowboy that worked for him who would exhibit the horses. Lyle did the training and this Tommy Ormachea would show them. This made a good deal. Both Frank and Lyle seemed able to train horses, get them ready and in top notch show conditions, but they both got stage fright about going to any of the shows.

Frank's purpose in going down to visit, this particular trip, was that he had acquired a horse from Dick Magee. Dick Magee and Molly later became great friends and patients

of mine. We have had a long time, pleasant friendship with each of them and also with their son, Bill McGee, who later became a stock broker here in Reno. But this horse that Dick had raised was just a crackerjack looking horse and had a good personality and whatnot. He had taken the horse down to the track around Pleasanton, California, where he used to take all his horses to race, but he couldn't run quite fast enough to buy any oats for the other horses, so Dick sold him to Frank Borgas.

Frank thought he was a great horse. He immediately started riding him and said he was one of the most amenable and fast learning horses that he had ever seen. And, of course, the horse was a stud horse, so he gave him to Lyle Ellison to use on his Arabian and thoroughbred brood mares. Lyle, too, thought that this was a great horse who had a lot of possibilities. And, gee they had some great colts.

He gave one of these horses to Frank. I had been sitting on the fence there, and I couldn't figure out why it took Frank so long to pick a horse out of the group, because I had two or three of them picked already. But, anyhow, Lyle told Frank he could have one. He came over to me and, gee, this was my first trip down there. "Well, Doc," he said, "Frank says that you're horseless. Why don't you pick one out, too?"

I already had one picked out. I voiced my choice right off and Lyle got kind of a funny look on his face. He paused for a long time and I could see that I had made inroads into him in some way or another. I was about to back off when he looked at me, "Gosh, Doc, Frank said you knew a good horse when you saw one. You've picked my best colt. He's a half brother to the horse that won the Cow Palace last fall. We wanted to keep him."

"Fine, go ahead and keep him and I'll pick another one."

I thought for a while and Lyle said, "Oh heck, I told you to pick one and you did, so you can have him."

Two or three weeks later he hauled his horses in. The horse that Frank picked turned out to be a real dud, and he got rid of him through a trade pretty quick, but mine turned out real well. He needed to be gelded. I let Harold use him on some mares that they had and then we gelded him after the breeding season. Harold didn't like the horse at all. He said that he liked the way the horse moved, but he said he didn't like the colts he produced, and I ought to get rid of him. I knew a little more about the history of him, so I hung on.

After he was gelded we got him off the mountain down at Harold's ranch at Wadsworth. This was when Jim was getting ready to go away to school, and he was helping my dad out with the driving chores down at the ranch. He came one day and wanted to know, could he ride a colt? He said all of the Depaoli kids were riding colts and Harold wouldn't let him have anything to do with them unless he got my permission.

"Well, Jim," I said, "I was about to tell why you couldn't ride a colt. I decided that if I paused a little bit we would come to the same conclusion, that you did have my permission to ride one if you would get Harold to coach you. I've got a dandy horse and his name is Satan. You get Harold to coach you and have him go through all of the preliminaries."

Jim did real well. He rode the horse for several days and was getting along fine with him. But one thing to keep in mind, always, is that horses are unpredictable, well bred horses more so than cold-blooded horses. If suddenly they take a wrong cue, and they catch you off balance, you are very apt to get dumped. This is exactly what happened to Jim. He was helping them move a bunch

of cattle one day. They were going through an old settlement that had been abandoned down at Wadsworth, and the story was that after windy days, or when you drove cattle over the area, you could often find old coins. He got interested in looking for coins instead of paying attention to this colt, and I guess he leaned off to one side a little bit and probably jabbed him with the heel when he tried to get his balance, and the horse unloaded him. But Harold said he was real good. "I went out and caught the horse and he just thanked me and got right back on, and we moved the cattle."

But this horse turned out to be a real dandy. Harold finally got to riding him and found out that he had a lot of cow sense and that he could run like the wind. He kept him and rode him. Then one of his brothers took him on the mountain and used him to brand on the outside, because he could stand and hold a calf with the rope tied to the horn. He was just an ideal horse. I didn't get to ride him as much as some of the others that I had but he was sure a joy to ride. He was well reined and well trained.

Probably the best one of the group I got in a trade with Frank Borgas. He said that if I would cook up a deal with Harold he would give me this horse. I thought that he was getting rid of the horse, she was about a three-year old that I named Cookie, because she had a bunch of warts on her lips and muzzle. I pointed those out to Frank and he said, "Oh, that's nothing. Let me get some castor oil and put it on them and fix them."

She was a horse that I rode mainly on deer hunts and cattle drives. You could do anything on her; she was real gentle. Harold said she was the best mustanging horse; that she could head mustangs off no matter which way they went. He said all you had to do was to sit in the middle of her and she'd put you right up there.

Another friend that I've got to talk about was a fellow named Earl Crain, who I had known all my life as Shorty. I remember meeting him when I was in high school and he was working at that Monte Cristo Ranch for Bud Blundell. He came from a rather large family. They were southerners. They finally wound up in California somewhere and he came up here to work for George Wingfield at his thoroughbred stable as a jockey. I guess the first day they got out to the ranch—it's somewhere out in Spanish Springs Valley—he and Mr. Wingfield got into a big argument, about what nobody knew. Shorty had always been kind of a fiery little guy who voiced his opinion rather quickly and to the point.

I guess Mr. Wingfield took him to task and Shorty said, "Well all right, the hell with you. I quit."

Mr. Wingfield said, "You can't quit. You're hungry and you're broke."

"I don't care," Shorty said, "I'm quitting anyway."

He said he took off down the road and was heading back toward Reno when he came onto Bud Blundell, who was moving some bulls down to the pasture there. They struck up a conversation. Bud gave him a hand and got Shorty up behind him on his horse and took him in. He worked with Bud and Violet Blundell up at the Monte Cristo Dude Ranch for a long time.

When I went away to war he bought a ranch over on the west side of the Nightingale Range, which is the range north of the Virginia Range that runs north of Wadsworth. That's the area where Harold ranged his cattle and where Jim Stead later owned some property. He had a ranch in a place called Big Canyon and later also owned the Wilcox Ranch; old-time places which had been developed by the Yori's, who later got out of the ranching business and moved into town and had the

Lawton Hot Springs resort. They also owned a lot of real estate in downtown Reno.

When I came back and got into practice, I asked about Shorty Crain and nobody seemed to know. I bumped into him one day. I remember, they were having a horse show up at the race track. Jim was about four years old, and Mary Ellen was about two years old. We were sitting in a box and the announcer said, "Mr. Crain." He was riding a five-gaited horse.

I told Tick, "That's Shorty Crain."

And she said, "No, it's not Shorty Crain."

Anyhow, after he rode he came up into the grand stand. When he spotted me he came down and we had a real reunion.

"My God," he said, "I'm glad to see you. There were rumors that you had been killed on Anzio. We were all hoping that was not true."

It was a real pleasant reunion and I was glad to know where he was. He had married his present wife, Isabel, whose father raised draft horses and five-gaited horses and also buggy horses down in the Sacramento area. Earl had been his horseman and later married his daughter. This marriage lasted; Barbara and Cliff Anderson put on a fiftieth wedding anniversary party for them. And they're both here.

Earl raised some real good quarter horses and had good luck in showing them. And we've been fast friends throughout the years. There are a lot of comical stories regarding him, but let's just say that he and Isabel are characters and they've made it to ripe old age.

When he got through with the horses he started training hunting dogs. We both belonged to the Canvas Back Club for three or four years, but I finally had to give up my membership because Vernon's health was beginning to fail and he was taking fewer and fewer night calls. I found that making plans to go to the Canvas Back Club on Friday

afternoons was difficult because I had gastric resections before going, and getting down there for the drawing at three o'clock turned out not to be any fun, so I gave it up.

Harold is still alive and we have great sessions talking about horses with Shorty. Frank Borgas and Pat Sanford have both gone to their rewards. Frank gave me the best bridle horse that I ever had. He had instructed his wife that if anything ever happened to him, he wanted me to have his horse Geronimo, which he had gotten from Lyle Ellison. Geronimo was the best trained horse I have ever seen, and really a pleasure to ride. I think you can gather from all this that I've enjoyed the horses and cattle. Mary Ellen summed it up pretty well at our fiftieth wedding anniversary when she referred to me as the surgeon cowboy.

MEDICAL PRACTICE WITH VERNON CANTLON

You and your brother Vernon went into practice together right after the war. Then you stayed, pretty much, in partnership?

Well, we never actually had a partnership. We practiced together. He had a group of patients and so did I, that we saw on our own. We each had separate office nurses and receptionists and each kept our own books and took care of our own office expenses. We talked on several occasions about possibly combining our practices but felt that we were getting along so well the way it was that, to use an old phrase, maybe we shouldn't disturb a winning game. So we carried on that way and I think it worked out probably much better than if we had combined our practices and gotten into a partnership. The interesting thing about it was that we always assisted each other at surgical cases, and freely discussed

and consulted on difficult problems. I think the fact that we had very similar training and both had come through the surgical residency at the General, made it easy to solve problems together. One or the other of us would probably ask the question, "How do you suppose Dr. Allen or Dr. McKittrick or Dr. Sweet or maybe Ed Young or Horace Sowles—who were all famous old standbys during our training days—would handle something like this?" And then we'd come to the conclusion that we knew what they would do, and what we should do. We always had good luck with it, so it made for a simple solution to a lot of difficult problems. We always saw each other's cases in the other's absence. I think that our relation was so congenial in our early association that Vernon even went over and delivered a couple of babies for me. I referred to it as an unusual occurrence, because Vernon didn't enjoy doing this and had chosen not to deliver babies, but as long as I was gone, he went ahead and did it. And that was the last I ever heard about it. I was happy when Si Ross came along and I could, in bulk, transfer all my obstetrical cases to him. That left a better working area.

I can remember on many occasions, people would ask me what it was that kept me so busy. I had a stock answer, "We do surgery in the morning and see patients in the afternoon and then I deliver babies mostly at night. That's the way the routine goes."

Only a few days ago when somebody mentioned that they had been quite busy, I harked back to the fact that I had acquired a new colt and had also bought a piece of property out on Del Monte Lane, and with all the other things that were going on, I had a routine. If I was able to sleep between midnight and five o'clock in the morning, I would get up and go out and work with my colt for half or three quarters of an hour, set

the water on the pasture, and then come on home and clean up and eat breakfast and get ready for the morning chores. This was something you could do in your younger years, but it also was quite obvious that it was absolutely impossible at this stage of the game.

Where was your place on Del Monte Lane?

In the fifteen hundred block, if it were a numbered area of Del Monte Lane. It was across from Bobbie Game's home on the south side of the lane. It was a pie shaped piece of property that encompassed about seven acres. It laid right on a big curve there in the middle of the lane. Actually, it was closer to Lakeside Drive than it was to the South Virginia area. But it was real nice pasture and had a little barn and a little tack room. Actually, it was a little storage shed that you could lock, but I turned it into a little tack room and it served the purpose well. We enjoyed it over the years. It was loaded with pheasants and quail and so it was good for the livestock. It was fun to take the kids out when they were young, and the hunting dogs, and get out and take a walk over the property. The dogs always enjoyed flushing some birds and wondered why nobody shot at them. It was enjoyable and really fit the bill quite well.

I always remember a very amusing incident about this. I purchased the property from a Mrs. Sauer, who had at one time owned the large portion of the Truckee Meadows. The real estate agent that I dealt with was a good friend and college mate named Roy Salisbury. I called him on the telephone and told him that I had seen this piece of property for sale and I was interested in it. I went down and gave him a check for the escrow agreement, "Now, I have purposely gotten you a cashier's check to make this payment. I don't want you to tell Mrs. Sauer who is buying it

because, if she finds out, I'm sure that she'll find out a hundred reasons why she wants to up the price on it."

He assured me that he would not divulge my name. When later on she found out who it was who had purchased it, I got the word through Gordon and Audrey Harris (Audrey was her daughter and, of course, Gordon Harris was affiliated with the First Interstate Bank) she took great delight in driving up and down the lane and visiting with all the neighbors and asking them whether her new caretaker and irrigator was doing a good job on the property. I got a real kick out of this because it was a naive way of getting back at me for having purchased the property without her knowledge.

It was totally undeveloped then. Was anybody living out there?

No, there was no dwelling on the property. There was just this little wooden barn-like enclosure where the animals could get under the shelter if they needed to. It had an area where you could store some hay. Then, also, on the south end of it was a little area that worked real well to leave your bridles and saddles and things like that. I soon learned that was not a good idea. Although there was a time when you didn't have to padlock any doors, this took a quick change about that time. Anything of value that you left around was accumulated by other people who never left a trace. This is kind of a diversion from medicine, but I wanted to interject what might add to your busyness during a busy day.

Vernon and I were quite interested in the ulcer disease. We had really good luck getting patients in optimal condition before operation. We never operated on anybody who hadn't had a thorough trial on a medical regimen including, first of all, the diet and

the old adage: You've got to quit smoking if you want to get rid of your ulcer. We would recommend surgery to patients who had intractable pain or poor results from a well supervised medical regimen, and we would operate for obstructive disease. The one that caused most of the emergencies, of course, was posterior wall duodenal ulcer that eroded one of the large vessels in the head of the pancreas and caused bleeding. And, of course, we were well trained in vascular problems.

Vernon had some extra training in orthopedics in the year he spent as a resident at Queen's General Hospital in New York. His chief of the surgical service was a man named Thomas. His son, Lewis Thomas, had written two or three books and was quite a famous pathologist, and just passed away in the past year or so. Vernon would often quote Dr. Thomas's views on some of the problems that we had. And strangely enough, Dr. Thomas had been trained at the General so his views pretty much fell in line with what we were doing.

I had gone back to Boston to some kind of a reunion and Dr. Sweet told me that he had varied his routine and was now doing anterior poly-a anastomoses instead of posterior polyas. I said I was having such good luck doing them this way that I was going to stick with it and not change.

And he said, "Well that's a good idea," and again pulled his little axiom of the winning game.

Vernon started the nailing of hip operations here in Reno. Of course, as soon as orthopedic personnel appeared on the scene, why, we quit nailing hips and let the people who had made that their specialty take care of it.

Who was first, Jim Herz?

Well, Clair Harper was before Jim, but then Jim came along and he brought with him Jack Sargeant to the medical community. We both were well trained on compound fractures and oftentimes on weekends we would do them, even though Jack Sargeant took care of most of them. If they were busy and one of our own patients had something like this, we would take care of it. But we never had any conflict with the specialists.

I had always followed the rule that if you minded your own business and took care of your own patients, that you usually would have enough to do. I was amazed on many occasions to have people in other specialties confront me in the hallways and ask me if I knew what I had done wasn't going to work. I wondered how they had found out that I had done a certain procedure, and I really never paid much attention to the talk that it wasn't going to work.

I think the only bone of contention that I ever had with the orthopedic people was about the treatment of fractures of the clavicle in adults. I had observed and read several of Clay Ray Murray's papers on the treatment of clavicular fractures, and always had good luck by using his method, which was to insert a small Steinman pin. But I liked the little bit heavier Kirshner wire. You could make a small incision over a fracture of the clavicle and drill it out through the acromion to the back of the shoulder, then change your drill and advance the pin wire into the other section of the fracture. And this, by applying a sling, gave enough stability of the fracture that it could heal.

Jack Becker was the orthopedic man to call this procedure to my attention. I used this procedure because it worked very well. And you could not get this kind of result by just applying a figure eight to an adult. A figure eight worked fine on kids but it didn't

work in older people. Well, anyhow I had a big argument with Bill Teipner and Jack Sargeant about this one day. I said I felt they had not given a patient the right treatment. They should have called me. Whether they were wrong or not, he had asked me to take care of him. I would either assist them if they would do this, or I would do it. And they said that this was an orthopedic principle.

I said, "I know it's an orthopedic principle but it's wrong, and especially in this patient, it's wrong. I have gotten permission from Jim Herz, who is your senior, to go ahead and do it. He's going to dismiss you this afternoon. I'm going to do it later in the evening."

So I did and we all laughed about it the following day. And it never caused much commotion.

When did Vernon start getting sick? He had problems quite a while before he died, I think, didn't he?

Yes. He had not felt at all well after he and a group of his friends had gone on a trip down to Mexico. They were down in the area of Puerto Vallarta, and then had gone over to the other side of the peninsula to visit a fellow who had been a University of Nevada graduate and had worked with Standard or Cal for a long time. He had retired in Mexico and invited the group to come over there. Apparently they had a good time but when they came back Vernon was sick. He had the usual gastrointestinal problem that should clear up when you get back to a more normal dietary regime, but he always ran a rapid pulse and I noticed that he seemed tired and did not have the usual amount of enthusiasm.

He was a tireless worker and was a great guy to pay attention to every detail and to really be well versed on any type of endeavor that he took up. I remember one

day asking him something about cameras and photography. I thought he would be able to give me the answer right off the top of his head. His answer was something like, "Gee, you know, I haven't really been following that sort of thing. If I were you, I would go down and talk to somebody at the camera shop about it." This was along in 1960 or the early sixties and I noticed he cut down considerably on the number of appointments he was making.

We both were well acquainted with and very good friends of Bill Harrah. I remember one day Bill came in and asked me if I thought that Vernon would take offense if he suggested to him that he go back to the Mayo Clinic for a workup. And I told him that I was sure that Vernon wouldn't, that he was very open-minded. I said, "I'm sure if you suggested it he'll probably do it and probably do it quicker than he would if I suggested it."

I did this tongue-in-cheek because Vernon was not a real enthusiastic supporter of Mayo Clinic ways. They saw patients and then if they found a reasonable solution took care of it, but then referred the patient back to their local medical doctor and really forgot all about them. But Vernon went back and was at the Mayo Clinic for a week or ten days.

Bill arranged this in a cute way. He took Vernon and Louise to the Indianapolis races, and then told him that he had made this arrangement for him at the clinic and that they would both go together. And, of course, they got through with Bill a lot quicker than they did with Vernon. Whatever was dragging Vernon downhill, I'm sure they never found the answer to.

At his final session, one of the examiners told him that his best recommendation was that he ought to see a psychiatrist. And Vernon said, "Well, here or elsewhere?"

And he merely ended the discussion by saying, "You be the chooser," which we both

thought was kind of an odd way to end an unsuccessful examination. If the guy really felt serious about it he probably should have referred him to one of their own psychiatrists rather than just stop and say, "You pick one."

Another problem that complicated things was that Vernon had always been a heavy smoker. Whether that had anything to do with his elevated pulse rate I don't know. Once he went for about eight or nine months without smoking a cigarette. At the end of that time he came into the office one day and told me that he had just completed nine months being off nicotine and that his pulse rate hadn't changed a bit. He said it really had been a tormenting endeavor to try to quit smoking. "I just want you to know that I gave it a good try, but I've gotten to the point where I'm almost climbing the walls. If smoking is going to do me in, so be it. I'm better when I'm smoking than when I quit."

Vernon had a rather slow decline and finally, he succumbed on the last day of March of 1972. He had been in the hospital. One of his problems was emphysema and he was put in the hospital to measure the oxygen content of the blood. He had several tests and used several of the new masks that they had to increase his oxygen content. When he had been in a couple of days I went in to visit him. He said that he wanted to assure me that the hospital was not a good place for somebody as sick as he was and would I please see that he got out, because if I couldn't swing it he was going to leave against advice. So I got a hold of John Davis and Don Day and we got him dismissed.

He had his oxygen tanks and his machine at home and he used them periodically, but it sure wasn't anything more than a palliative procedure. One time when I had a difficult case to do and asked him if he'd help me, he just forthwith said, "Can I take a powder on

this?" I realized at that time he just was not going to put up with any long operations.

He was sick for ten years?

Yes, he had a slow decline over a ten-year period. He would have been sixty-five in June following his demise at the end of March. And that's too young for a really intelligent, compassionate and studious individual, as he had been. It was a great loss not only to all of our family but to the community in general.

This left a real void for me. I could not depend on Fred Anderson. I asked him to help me with a couple of cases but Fred was busy on his own. Fred ran an unorganized type of practice. He was a great politician. It seemed to me that during Fred's career he was associated with more medical misfits than anybody I could ever imagine. He used to spend a lot of time traveling over to Carson to do cases for Dick Petty. Dick was a competent person. He was a family practitioner and did not try to do anything surgical of any sort. But I would much prefer that they transfer the patients to Reno where you could follow them yourself rather than make trips back and forth to Carson when they got in trouble. I could not ask Ken Maclean or any of his group to help me, so I allied myself with Gil Lenz, who helped whenever he didn't have a conflict. I had a real good rapport with Gil. On several occasions when he had difficult problems he would ask me to help him, also. So that worked out real well.

I had a rather unpleasant occurrence one time when I asked Lowell Peterson to help me with a case. I had to be away on the morning of the day this patient was to be dismissed. I had said that if I had to be away that morning, I was going to have Dr. Peterson come by and remove the stitches and dismiss her. It really annoyed me when this patient came

back to the office for a follow up visit and told me that Dr. Peterson had spent a long time giving her instructions on dismissal, and also was quite critical of me for delegating this duty to somebody else, and that if she agreed with him on his appraisal of me, that he would be glad to see her for any other ills that she might have. I thought of all the times I had filled in and taken care of other doctors' patients, either at their directions or when they were not available, and referred them back. This was my only exposure to this kind of an attitude. I just felt maybe I'd better get somebody who had a better opinion of me than Lowell had. I never mentioned it to him and I never let on that I knew anything about it, but I was always cool to any chances or requests on his part to assist him at odd hours.

I guess that something jelled shortly after this particular episode because it wasn't long after that, he holed himself up and disappeared from practice. The thing that I could never fathom was that he was an excellent surgeon; he had a wide circle of friends; and then he disappeared from practice without ever telling any of his good friends why. In retrospect, maybe he didn't have an adequate answer as to why himself. I remember asking Gil Lenz one day about Lowell, "I went up to pay him a visit and he met me at the door. He didn't invite me into the house and merely told me that he would rather I not make any more visits to him, that he was getting along in a manner that pleased him and please not to interfere."

And Lowell said that was as direct an answer as you would ever get, "In other words, let me alone and don't bother me."

And so Gil said, "I don't intend to."

This was kind of an odd reaction to things.

By and large, during my active days I got along with most people. I helped whenever I could, more for the benefit of the patient

rather than for any idea of cultivating people so that they would refer cases to me. That, to me, was rather foreign and I did not approve of it and, therefore, did not practice it.

One interesting episode was when I had a ruptured disc operated on. While I was convalescing Treat came over—this was interesting because he talked to Tick rather than to me—and said that he was back in town now and available to go to work and he was sure that with Vernon's empty office and me being laid up, somebody should be taking care of patients. He wondered if I would mind if he moved into Vernon's office. My answer was that I would not mind and I would welcome his occupying Vernon's office and I looked forward to the day I was going to get back to active practice. I think down deep in his heart Treat had the idea that I was finished. I'm sure he had the right idea that there were a lot of people who needed to be seen. He was ready and eager to get to work and I told him to go ahead and get started.

TICK, MRS. CANTLON

I think anyone in medical practice for as long as I, would be remiss without making a few comments about my better half. Without loyal and constant and pure support from an understanding person like Tick, I think it would be practically impossible to go all these years with ups and downs and trials and tribulations. I think I can honestly say that my practice throughout was enjoyable and that neither of us have had any real misunderstandings about what had to be done and everything ran quite smoothly. As I look back on some of the things that occurred in my practice and some of the various patients, I think I treated my share of professional people, who often would come and start their consultation by telling me of all their domestic

troubles. I always would lean back in my chair and be a good listener and wait until they got through, and meanwhile be counting my blessings that this was one thing that I had not been plagued with. It's always quite amusing to be in on family squabbles.

Of course, Reno having been a very prominent place in the world to get divorces, one soon learned that the right path was to be a good listener and when the sixty-four dollar question came, "What do you think?" I always had an answer: this was not in my realm and they needed to consult legal advice, and I would be glad to take care of their medical problems. This didn't always set well and it was hard, sometimes, to get these people off that train of thought. But I found that if you took sides you were dead, because it wasn't long, just a span of a couple of days, until the other partner would arrive and then you had to listen to their side. I always did and gave the same answer; that I was practicing medicine not law or being a judge of domestic problems and I would be glad to see them as patients but I did not want to get involved in their domestic problems.

I can remember on many occasions coming home and discussing these situations with Tick. She would smile and say, "Well, just remember what you have told them and if you get in a bind, repeat it again."

Tick was quite active in both the county medical society and the state association. She was one of the original organizers of the doctors' wives rummage sale which takes place each year. The first one they organized was quite a chore and it went on for a couple of days. They all felt they had done yeoman's work when they made about five or six thousand dollars profit, and were spurred on. With that kind of a start, they thought this could be built up into a great support for the various auxiliaries to the medical

profession. The first one they had, the goal seemed to be to help nursing students who were having difficulty with finances. This has now burgeoned and I noticed in the paper just recently, the doctors' wives rummage sale, which lasted just for one day, had produced over forty thousand dollars in revenue.

On many occasions Tick made plans in advance to have the kids taken care of, so that we could go to the medical meetings when they were in Las Vegas or Ely or Elko. We always had good times, and I was always pleased and impressed that people were so thoughtful of Tick. On every occasion someone would tell her how grateful they were for her persistence in encouraging the doctors' wives rummage sale. Tick was never a great active force in the political part of the doctors' auxiliary. She would lend her support and attend the meetings but was not one of those who aspired to hold office in either of the organizations. I don't think she ever was president of any.

I had been president of the county and state associations. I think the state association was first and then the county and then I was president of the Reno Surgical Society and went through all of them. It was an enjoyable and an enlightening experience. I never felt this was a segment of medicine or government that I would like to get involved in any deeper than I had been.

In 1956 and 1957, when I was president of the state association, Tick and I went back to New York to the AMA meeting. I had, on a couple of other occasions, been able to dodge going to some of these meetings, which I didn't especially relish. But this year I had a small accident. I dropped the tailgate of my horse trailer on my left hand and I broke the four finger tips. I really couldn't work in the operating room and I was not very effective in the office either. This left me no excuse to get out of going to the meeting.

Wesley Hall was the delegate and Wes was a politician at heart. We had had several meetings. Earl Hilstrom was the assistant delegate and Nelson Neff was our executive secretary. The main issue at hand was that we were going to nominate Wes Hall for president of the AMA. I didn't get to one of the committee meetings because I wanted to attend one of the lecture sessions at the same time. When we had a small session on the results of the committee meeting, I was informed that Wes Hall had deferred to an elderly gentleman, as he put it, who was a long time friend in the association, because he felt that the gentleman from Florida should be nominated for AMA president.

And in my true fashion I blew my lid. I said that I felt that his backing out of a campaign that we had worked on for a good portion . . . Just because this southerner was an elderly gentleman, that didn't exactly meet all the qualifications to satisfy me. But I quickly cooled off and that was the end of that.

When I came back to the hotel and conferred with Tick about this, she had the right idea. She laughed, "That's politics for you and that's why I never wanted to get involved. I'm surprised that you would have exploded at something like this. You should have just smiled and said that you concurred entirely and let it go at that."

It's things like that you appreciate from your wife. I had good support from all the members of my family. I have a large family and we really are a family oriented couple. I think it helps out, in the long run, to keep things running on an even keel. We have met things head on together throughout our lives.

I think one of the decisions we made early in life or early in my practice—my family had put me through medical school and had duly incurred a considerable amount of debt and also interest accumulation—was to erase that

debt before we made any sizeable purchases of furniture or anything like that on our own. And strangely enough, this was quite readily accomplished and then we went from there. When we presented my mother and dad with a final check to erase our indebtedness to them, we also presented them with a new Chrysler Sedan which they both needed badly as their old car was getting a little bit wobbly on its wheels. I can remember my parents' reaction, "You didn't have to do that!"

We both smiled and said we knew we didn't have to, but we did it in appreciation of their loyal support. Had it not been for that, I'm sure I never would have been able to get through medical school.

As time went on we were able to send both our kids to private schools. Mary Ellen, I remember, was taking piano lessons. I can to this day be amazed at the patience that Tick had with Mary Ellen, because they would get up and practice for an hour before breakfast. Tick always maintained her calm and she would repeat, it seemed to me about every weekday morning to Mary Ellen, "You wanted to take piano lessons. Until you finish the eighth grade, we're going to stick to this program. If you want to quit after you finish at Our Lady of Snows, that's up to you. Until then we're going to continue."

I would come down to join them for breakfast if I didn't have an early surgery. I was always amazed. At first there would be kind of a hostile situation, but by the time everybody got involved in talking about other things this quieted down, only to recur on the following morning. I think that the comical end to this little interlude, is that Mary Ellen finally finished school and went to the Catholic school at Santa Catalina. I think she had been down there less than a week when she called on the telephone one day and wanted to know if she could take piano lessons at Santa Catalina. We

both had a hilarious laugh about this and told her, heavens, yes! If she wanted to pursue this to go ahead and do it; she had our blessings and we knew they had excellent music teachers there and to go for it. After we got through talking to her we both had another big laugh about the thing.

Tick very calmly said, "If I had let her stop at any time during the course of some of these little spats, she never would have pursued this."

She did very well and played at several recitals, both on her own and as an accompanist in a duet. She also sang in the a cappella choir, which we felt was really worth all the hassles in earlier days. I think it's interesting that, although she doesn't have time any more to pursue her own music, both of her children are interested in music.

Tick taught school for two years in Virginia City before we were married. Then she went down to Las Vegas and taught high school English and literature and directed their plays. While I was away in the service she taught at Sparks High School for three years, as she put it, to have something to do while I was away. You asked if Tick had ever continued teaching. No.

She has always been available for advice. When Jim came home with the news that he had flunked English at Williams, she scowled at him and said, "I thought I had taught you enough to pass the first year English course in any university. You must enroll immediately in summer session at the university."

He enrolled both in English and in math and made straight four grades in both courses. I can remember that she diligently used to check his assignments and go over them with him and make sure that he was getting the meat out of what they were trying to put across to him. This always left me a little bit amazed that he could be told he was delinquent in one school and then do the

same thing and have perfect grades at another school.

REFLECTIONS ON A LIFE IN MEDICINE

I guess one ought to say a few things about life in general. Reno has changed considerably from when we first practiced. When I first started practice, those were the days of big name entertainers who appeared nightly at the Mapes and Riverside. We used to see most of those shows, either accompanied by Vernon and Louise, or oftentimes by my sister Grace and her husband, or my sister Mary Margaret and her husband, or oftentimes with Margaret and Bill Ligon. As time went on we saw fewer of those shows; mainly because as I got busier it was harder to attend them with the thought that you probably would get called. If we were going to Lake Tahoe to one of the shows, both Vernon and I would make arrangements for coverage. Then we would call back in and take our own calls after we got back home.

It's interesting that in the last fifteen years, with the advent of more hotels and more opportunities for big name entertainers, they have scaled back their entertainment, mainly for financial reasons, I imagine. I don't think that we've been to a big name show now for four or five years. I guess one loses interest when new entertainers appear that you're not as familiar with.

I was always interested in hunting and fishing and horseback riding, and so was Tick. In the mid 1950s we joined the White Hats riding organization and both of us would ride in the White Hat parades. They always had the large rodeo parade for the Fourth of July. That later got moved up to a mid-June date because the business community felt that the rodeo was really not as big a drawing power as some of the

entertainers. But it made one complication—the June date for the rodeo very often exposes it to cold weather. As time went on it has been proved that the rodeo really is a good promotional attraction for the community. I was associated with it in the years when one had to scrounge and scrape to find enough money to attract the top riders. Now it's considered one of the biggest sought after rodeos in the country. This, I think, has proved that it is a self-supporting group.

I've been a member of it and followed it through just like I've been a member of the White Hat organization for all these years. At our last meeting of the White Hats, someone asked me if I wasn't the oldest member in the White Hats. I came back with an honest and also explanatory answer: yes, I was the oldest member by years but Jack Horgan was the oldest member in the organization.

Rod, you asked if I was on the rodeo board. I was the attending doctor for a couple of years, probably beginning about 1950 or 1951. Then some two or three years later I was appointed a member of the board and was a member until about seven or eight years ago, when I elected to take emeritus standing so they could get some new younger members into the organization. That has been a great pastime for me. I try to attend most of their meetings and I have always enjoyed attending two or three performances of the rodeo itself.

I guess this is probably one of the outcroppings of my interest in horses and livestock in general. I still have a couple of horses that I keep down at Grace and Jack Horgan's ranch down at Sutcliffe. I manage to get down a couple of times a week, to either go for a ride or to help Jack and Michael with moving cattle around or whatever has to be done. This has been a great outlet for me since retirement because it gives me something to do in the way of an enjoyable exercise. I think

it helps a great deal in keeping me in shape and in that respect, when I go down, why, I keep my horses in shape, too.

The hills have gotten steeper as I have gotten older and my hunting activities have declined somewhat, probably spurred by the fact that I have been through the banner days of the hunting seasons when you didn't have the regulations or have to apply for a tag to be able to hunt. Game was always plentiful through the years and now you can only get a tag application for big game every other year. In the past two or three years, the chukar and pheasant and dove populations have been such that there really isn't an incentive to pursue them. I can remember, during one chukar season, that the population for one reason or another had greatly diminished. I just came home and made up my mind that I wasn't going to be a partner to decimating it any further.

We had great years of duck hunting when Bill Ligon and Bob Hawkins and a partner down in Marysville had a big rice operation. The operation actually was owned by Bob Hawkins and Bill was his financial advisor. The man in Marysville was a caretaker as Bill and Bob couldn't be going over the hill. Very shortly after the new people took over, the complaint came out that this wasn't as good a hunting place as they had thought it was. The duck population was declining and they had over hunted the ranch so much that the birds went elsewhere.

Tell me your thoughts about preparations for retirement.

I've been retired since 1987. I had a very gratifying and a very successful surgical practice. I had made up my mind that I wanted to make the decision to retire while I still had all my faculties, and was able to make the decision myself rather than to have

someone come along and tell me that my work was not as good as it had been, or that I had made some surgical errors or things like that.

The decision was helped by the fact that there were more and more government interventions into the medical practice, what with the various hospital committees and Medicare rules, just to name a few. It became quite annoying to me, when I had a person that I knew was sick and needed hospital treatment, to be called on a busy afternoon and informed that he had not been admitted to the hospital because he did not fit the criteria. I had always felt that I had gone out of my way not to overutilize these facilities. This really used to get to me.

I came home one day and told Tick that I thought it was time for me to retire. She looked rather amazed and said, "Well, what on earth happened today?"

"Well, if I carry on in this profession much longer with all these things going on," I said, "I'm either going to have a stroke or kill somebody. I don't want to be burdened with the thought of either."

About the same time my malpractice insurance premium went higher. I was written a letter by the president of the company to tell me that, because I had such a clean record and had supported the company and had never had any claims or threats, I was going to be given a ten percent reduction on my premium. Then I read into the next paragraph and found out that the premium had been increased from just under a \$10,000 yearly premium to in the neighborhood of \$23,000 annually to practice. I called up and I said I had read this letter several times and I guessed I was missing something, but I was told that this was what my premium was.

Along with all the other events occurring at the time, it was an ideal time for me to retire. I closed my office on June 30, 1987.

You probably wouldn't have quit, otherwise, for a couple of more years.

Well, I felt that I was doing good work and that I could do these surgical procedures as well as I had always done them. I didn't have a tremor and my eyesight was good. My general health was good. And yes, I think I would probably have practiced for another year or two, but as I look back on it, I think that was an ideal time to fulfill my goal to make the decision on retirement rather than have somebody else make it for me.

Tell me, are you interested in the current trends and big group practices and all this business? Or do you understand what they are trying to do? I'm not sure I do.

I have always been skeptical of the efficiency of treatment that is carried on by large groups. I feel that the present people are excellently trained. But my criticisms of the present trend of medicine is that no one seems to follow through to the end of a patient's treatment. I have people call me even to this day to ask my advice as to what they should do next, because they have been referred from one person to another and they still haven't gotten an answer to their problem. If I had to carry on in a large group, I probably wouldn't last long because I would probably be telling other people how to do their particular phase of treatment. I think we can only follow the old idiom of we'll have to wait and see, but I am skeptical that with the present trend the high standard of medical treatment can continue.

PHOTOGRAPHS



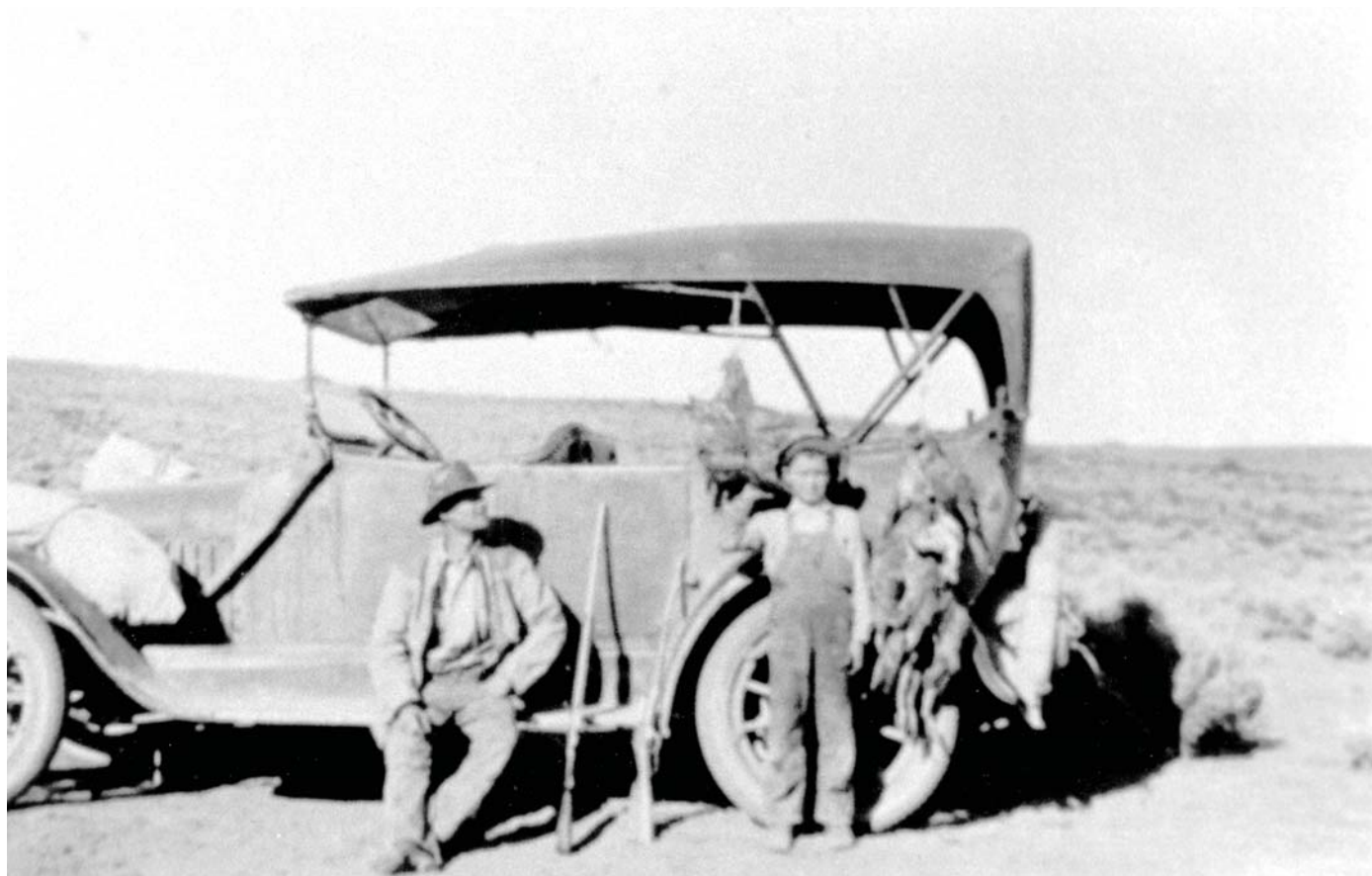
L to R: Edwin Cantlon's mother (Angeline), his uncle (John Monte), and his aunt (Rose Monte Mariani).



Back row (L toR): Angeline Cantlon (mother), Michelina Monte (aunt), Rose Monte Mariani (aunt), John Mariani (cousin), Edwin Cantlon, Frank Cantlon (father); Front row: Mary Margaret (sister).



Edwin Cantlon and his brother, Vernon, at ages six and ten.



Edwin Cantlon (R) with John Monte (L) and sagehens in front of an old Buick.



L to R: Jim Merrit, Edwin Cantlon, John Mariani, Red Welch, and Vernon Cantlon.



Sparks High School basketball team. Back row (L to R): Harold Harvey, Wayne Spinster, Doug Olsen, Lowell Monday, Edgar Shepley, Norman Blundell, and Coach Procter Hug. Front row: Toby Guffrey, Lester Bailey, Edwin Cantlon, Joe Sbragia, Bill Bailey, Lee Priest, Bill Beemer.



Gardner Sheehan on roundup, 1960. “[Gardner] was one of the best people in the country to take a green horse, gain his confidence, and gentle him so that he could do almost anything with him.”



The Depaoli family, who were ranching neighbors in Wadsworth. Back row (L to R): Mark, Louis, Ralph, Harold, and Ray; Front row: Bernice, Mark, Lena, and Gertrude. "Harold Depaoli and his family had a big ranch and he would always call me whenever they gathered or moved cattle and ask if I could come down and help. I always made myself available and I really had a lot of pleasant days."



L to R: Dr. Fred Anderson, Dr. Roy Fothergill, Dr. Peter Frandsen,
Dr. Edwin Cantlon, and Dr. Vernon Cantlon.



Jack Dempsey at the UNR campus in March 1932. Dempsey is the large man in the front middle, waving his hat. Edwin Cantlon (then the student body president) is to the right of Dempsey, and Bernard Hartung is two people to the left (also waving a hat). Jim McKay is between Dempsey and Hartung.



Red Welch with his and Edwin Cantlon's .32-20 single actions.
"Red smiled a little bit. He didn't go through any of the fanfare, but he held the gun up and sighted over it and pulled the trigger and to everyone's amazement, he put this bullet right through the heart [of the card]."



Red Welch (L) and John Mariani (R).



Red Welch in later years.



Red Welch (seated) and Edwin Cantlon at Red's birthday party.



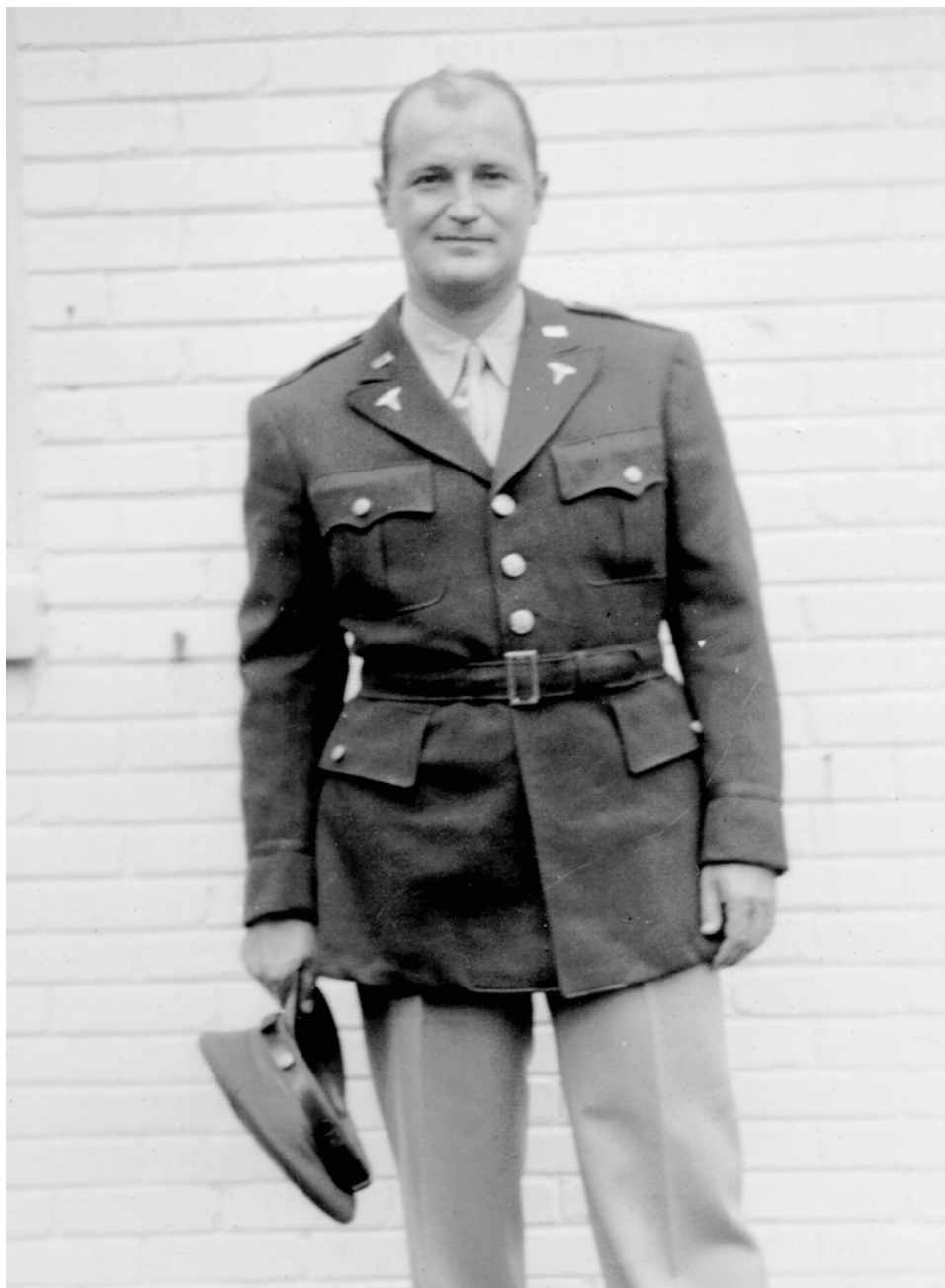
Bill and Margaret Ligon (Tick's brother and sister-in-law),
Marjorie (Tick's sister), and Tick.



Seated L to R: Mr. and Mrs. Bill Ligon Sr. (Tick's parents)
and Mrs. and Dr. Cantlon at the Mapes Hotel.



Vernon Cantlon with portrait of his wife, Louise, 1951.



Edwin Cantlon in the service during World War II.



General Surgical Team Number Thirteen in France, 1944. Back row (L to R): Capt. Haroldson, Capt. Hugh McMillan, and Maj. Cantlon; Front row: Cpl. Hannah, Lt. Huff, and Sgt. Seal.



Capt. Cantlon during World War II.



Drs. Edwin and Vernon Cantlon performing surgery. "We always assisted each other at surgical cases, and freely discussed and consulted on difficult problems. I think the fact that we had very similar training and both had come through the surgical residency at the General, made it easy to solve problems together."



Jim Cantlon



Mary Ellen Cantlon



Edwin Cantlon heeling a calf.



Edwin Cantlon



Edwin Cantlon on Geronimo, c. 1960. He got Geronimo from Frank Borgas at Frank's death. Frank had gotten him from Lyle Ellison near Winnemucca. "Geronimo was the best trained horse I have ever seen, and really a pleasure to ride."



Edwin Cantlon and his dog, Badger, pheasant hunting near Lovelock.



Edwin and Tick Cantlon at their fiftieth wedding anniversary in 1988.



Edwin Cantlon (R) with Ken and Charlotte Dennis, 1997 Reno Rodeo Parade. Dr. Cantlon and Mr. Dennis were honorary marshalls for the 1997 parade.



Jack Horgan (L) and Edwin Cantlon (R) at the TH Ranch.



L to R: Bing Crosby, Bill Ligon, and Edwin Cantlon, duck hunting at Marysville.

APPENDIX:

POEM ABOUT GARDNER SHEEHEN

Gardner Sheehan was a close friend of Dr. Cantlon. Another friend, Ernie Fanning, wrote a poem about Gardner Sheehan, and it was published in *Horse Tales*, ca. 1985. This poem is reproduced here as a facsimile. Gardner Sheehan's name is spelled *Sheehen* in this poem; however, the 1920 Nevada census records show his name spelled as *Sheehan*.

GARDNER SHEEHEN

Gardner Sheehen,
A friend and a foe,
A saint and a sinner,
A wise man and a fool,

If you knew Gardner,
You had to love him
But that didn't mean you couldn't hate his
hellish ways.
So here's to Gardner Sheehen and a lot of
yesterdays.

Well they tell us that old Gardner is dead,
Don't you believe that tale,
Gardner isn't dead at all,
He's just rode down another trail.

He's gone to visit old friends
In a far and distant land,
To look upon their smiling faces,
And once more shake their hand.

To while away some time
In a smokey old saloon,
To tell of the buckin' horses that he rode
And the ladies he made swoon

So if they tell you Gardner's dead,
Just say it isn't true,
Close your eyes and in a flash
He'll be right there with you,

For as long as a buckaroo still rides a horse,
Or the wild goose goes winging by,
As long as we remember and speak his name,
Gardner Sheehen will not die.

THE NEXT MORNING

God you listen
I've got somethin' you oughta know
Now I don't want you to think
I'm trying to tell you how to run your
show,

But you'd best pay attention
to what I have to say
Cause Gardner Sheehen's saddled up
And God he's headed that-a-way

Now you created all men,
So the story's told,
But if you created Gardner Sheehen,
I'm glad someone broke the mold.

Now you keep an eye on him,
You might get your little son Jesus to help
And it probably wouldn't hurt
To call in the Holy Ghost,

Cause I really don't think,
You created Gardner Sheehen,
I think someone scraped him off a post

And you'd better tell Elijah
To brand up his chariot teams,
Cause everything that's slick is Gardner's,
Or so it always seems.

And if I hadn't mentioned it before
You'd better tell old Pete
To double lock your tack room door,
And I wouldn't send old Gardner
To gather them pastures green,
For the likes of Gardner Sheehen,
Heaven's never seen

And them pretty little angels,
Why they'd stand no chance at all
When Gardner turned on his dynamic charm
Their halos would all fall

And I ain't too sure that you'r geared
For Gardner's hellish ways
You watch him God, or he'll be in your pocket
For a hundred dollars before he's been there
30 days

Now I'm not implying that Gardner
should have to go the other way
Hell, he wasn't that bad on his wildest day

I was kinda hopin' that you might have some
place
You could stuff him in between
And if you permit me, God, I'd kinda
like to set the scene

A high and lonesome desert
Where the summers are hotter than hell,
And on its edge a sleepy little country town
Where he can shade up and his stories tell,
Twenty head of buckin' horses
All saddled, standing' in the chute
Three or four already fallen angels,
So cuddley and so cute,

And it probably wouldn't
Hurt to put a free meal
on at least one limb of every tree.
Yeah God that's where I think Gardner
Should spend eternity.

Oh yeah God, one more thing,
It probably wouldn't hurt to pipe Jack Daniels,
To at least one spigot in that town.
There won't be any need for a fall
With clear cool water tricklin' down.
Just put budweiser in all the lakes and streams
If you can create that God,
Why you can fullfill even Gardner's
wildest dreams.

Amen.

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